

## 2-month Medicare fee fix signed, ODs expected to see pay increase

With just days to spare, U.S. House and Senate leaders came together to strike an eleventh-hour deal to avert a more than 27 percent cut to Medicare payments to doctors of optometry and other physicians. Without this hurried congressional action, massive Medicare cuts were scheduled to take effect Jan. 1, 2012.

At the urging of the AOA and others, Congress approved and President Obama signed into law a two-

month payroll tax cut extension on Dec. 23, which also included a two-month Medicare physician pay freeze. This latest action means that most physicians will continue to receive 2011 rates for Medicare services they provide through the end of February, though ODs are on track to see even higher payments in 2012.

As a result of the AOA's ongoing advocacy in the nation's capital, the Centers for Medicare & Medicaid

Services (CMS) continues to place a higher relative value on eye care services.

Accordingly, the AOA anticipates that optometrists will be paid more for most services in Medicare than they were paid last year. In fact, ODs are expected to see a roughly 2 percent increase in Medicare payments in 2012, worth \$20 million this year alone.

*See Fix, page 13*



## Chicago!

**The Chicago Theater is a legendary auditorium that hosts a variety of entertainment, including concerts, plays, dance, comedy and more. Optometry's Meeting® 2012 will be hosted in the city of Chicago. See full story on page 14 and visit [www.optometrymeeting.org](http://www.optometrymeeting.org) for more information.**

**Photo credit: © City of Chicago/GRC**

## HHS issues expansion grants for school-based health clinics

The U.S. Department of Health & Human Services (HHS) last month awarded a total of more than \$14 million in grants to expand and modernize 45 school-based health centers across the country.

The grants will allow the clinics to serve nearly 50 percent more children each year, according to HHS Secretary Kathleen Sebelius. The increased funding will also

allow clinics to expand the range of health care services offered and, in some cases, allow clinics to begin offering eye and vision care, the AOA Advocacy Group notes.

"Millions of children are not receiving essential eye care services, which can prevent eye disease, developmental delays, school and social achievement problems," AOA President Dori Carlson, O.D., noted following last year's

AOA-sponsored School Readiness Summit—Focus on Vision. "Vision disorders are the fourth most common disability in the U.S. Vision problems affect 20 to 25 percent of children in the U.S., some 12.1 million. Eighty percent of a child's learning occurs through visual input. Yet, according to the Centers

*See School, page 12*



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**President's Column**  
Do something scary!



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**Eye on Washington**  
AOA sees early gains as HHS releases essential health benefits proposal



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# ASCO releases report defining expected attributes of graduating OD students

The Board of Directors of the Association of Schools and Colleges of Optometry (ASCO) announced a new “Attributes of Students Graduating from Schools and Colleges of Optometry” report. The updated “Attributes Report” is a series of competency statements that broadly define the attributes expected of students graduating from any of the schools or colleges of optometry in the United States.

This 2011 report updates an initial report jointly developed by the optometric community and accepted by the ASCO Board of Directors in 2000.

“This updated report reflects contemporary education and the importance of outcomes assessment,” said Jennifer L. Smythe, O.D., ASCO secretary-treasurer and member of the Attributes Report Task Force along with Kent M. Daum, O.D., Ph.D. “The focus is more on outcomes rather than traditional clock (credit) hours, the recognition that learning takes place in a variety of contexts, and ensuring systems are in place to appropriately monitor programs and student progress. What’s important to us is that new graduates understand what they are learning and demonstrate competency.”

In addition to the traditional competencies expected of graduates, the new attributes report has been expanded to include areas important to the evolving profession of optometry:

- ❖ professional values and ethics (example: a commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes)
- ❖ knowledge (example: community health care resources and delivery systems to improve care)
- ❖ skill (example: an understanding of nutritional influences on ocular physiology

and systemic health and disease).

“This reflects evidence-based practice in my mind

strategies that provide for ongoing scrutiny of individual and programmatic results while making appropriate

tions in that it is a cogent and contemporary presentation of the attributes today’s graduates possess upon entering

tions about optometric education arise.”

According to ASCO, it represents current thinking about the requisite competencies for new graduates of optometry programs and recognizes how educational program management is changing in all health care disciplines.

“The Attributes Report serves as a valuable tool for developing and revising optometric curricular outcomes and for educating the public on the full scope of optometrists’ knowledge base, skills, professional and personal attributes and competencies,” said Dr. Smythe. “The new document reflects contemporary optometric practice and includes interprofessional competencies.”

The entire Attributes Report is available in the fall 2011 issue of ASCO’s journal, *Optometric Education*, at [www.opted.org/files/journal/OE\\_FALL\\_2011.pdf](http://www.opted.org/files/journal/OE_FALL_2011.pdf).

It is also posted on the ASCO Web site at [www.opted.org](http://www.opted.org).

*“The focus is more on outcomes rather than traditional clock (credit) hours, the recognition that learning takes place in a variety of contexts, and ensuring systems are in place to appropriately monitor programs and student progress. What’s important to us is that new graduates understand what they are learning and demonstrate competency.”*

and can be used to develop curriculum,” said Dr. Smythe. “We all agreed as a body that graduates should possess these attributes, for which attitudes, knowledge and skills are prerequisite.”

As the report explained, current educational program management is evolving with improved descriptions of desired educational outcomes, enhanced mechanisms for assessing attainment of those outcomes, and expanding

adjustments to the outcomes and the techniques used to teach and develop them.

The report also reiterated that the schools and colleges of optometry have the responsibility to “develop curriculum and to assess and verify that each graduate has demonstrated the attributes described.”

“The revised report will be an invaluable resource for the optometric profession as a whole and the state associa-

practice,” said ASCO President Kevin Alexander, O.D., Ph.D. “The latest revision of the ASCO report will serve the profession in two ways. First, the document provides the entire profession with information about how schools and colleges of optometry are preparing graduates for practice in 2012 and beyond; and, second, the report will serve to guide state associations seeking scope expansion when ques-

## Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch ‘gallery-wrapped’ prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a



collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma

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## AOA News Staff [www.aoanews.org](http://www.aoanews.org)

Tracy Overton  
MANAGING EDITOR  
[TLOVERTON@AOA.ORG](mailto:TLOVERTON@AOA.ORG)

Bob Pieper  
SENIOR EDITOR  
[RFPIEPER@AOA.ORG](mailto:RFPIEPER@AOA.ORG)

Matt Willette  
WASHINGTON DC EDITOR  
[MWILLETTE@AOA.ORG](mailto:MWILLETTE@AOA.ORG)

Laurie Bergman  
SOCIAL MEDIA MANAGER  
[LWBergman@AOA.ORG](mailto:LWBergman@AOA.ORG)

Bob Foster, ELS  
ASSOCIATE DIRECTOR,  
PUBLISHING/SOCIAL MEDIA  
[RAFOSTER@AOA.ORG](mailto:RAFOSTER@AOA.ORG)

Stephen M. Wasserman  
DIRECTOR, COMMUNICATIONS AND MEMBERSHIP  
[SMWASSERMAN@AOA.ORG](mailto:SMWASSERMAN@AOA.ORG)

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## PRESIDENT'S COLUMN

# Do something that scares you!

**T**his time of year I find myself resolving and cleaning. Each year, Mark and I sit down to set our goals for the upcoming year. We started this the year we were married. It might have had something to do with opening our first practice within two years of our wedding, but regardless, we've kept up the tradition.

Usually we have five or six goals that we write on a piece of paper and put them in a file for safekeeping. Sometimes the goals are personal: He wants to better his time in a cross-country ski race. Sometimes they are project-related: Remodel the basement bathroom. Sometimes they are financial: Pay off the loan on the lake cabin. And every year something relates to optometry: Switch over to electronic health records. One year we wrote down: "See every baby born in the county for an InfantSEE® exam."

I read somewhere that the physical act of writing down a goal makes you much more apt to achieve that goal.

Anecdotally, I would have to believe there is some truth to that, as more times than naught, we have achieved our goals – including seeing about two-thirds of the babies born in the county each year.

In addition to setting goals, I also clean closets and files in an attempt to get things in order for the next year. I have a stash of memorabilia under my bed in three Rubbermaid containers. Treasured items dating back

to approximately 2004 when I ran for the AOA Board. The other day, I realized they needed some attention since the boxes would no longer close. So, I sat on the floor of my bedroom sorting through cards, notes, mementos and many copies of the *AOA News* dating back to 2003. I also found a note from my younger son informing my husband and I that he was going to run away from home. He's still

Medicare fee cuts. Health care reform. Board certification. Harkin amendment in health care reform. Medicare fee cuts. PQRS. Representing optometry in the VA system. e-Rx incentives. Meaningful use for electronic health records. Board autonomy in Kentucky. School Readiness Summit. Lobbying for the pediatric vision benefit in health care reform. The list goes on and on of the issues that were

*According to myriad psychology Web sites, overcoming fear is a way in which to attain success. This year, I challenge each of you to do something that scares you.*

with us and I don't remember the attempt! Someday I will have incredible scrapbooks, but for now, those will have to wait until I am no longer on the AOA Board.

It was interesting to read several years of the *AOA News* in succession, which is celebrating its 50th anniversary this year. Illegal contact lens sales. Verification of contact lens prescriptions. InfantSEE®, Medicare fee cuts. Senate Bill 1955 and the issues of discrimination against optometrists in health plans. Entry-level eye exams before starting school. The future of optometry in a series of 20/20 Summits. Medicare Fees Cuts. PQRI. Electronic health records. Scope of practice enhancements in multiple states.

relayed to the membership. As I was reading, I couldn't help but think that some of these items required a change of thinking, a change of the way in which things were done and were/ are quite scary to some optometrists.

I've heard optometrists tell me they're scared to touch a computer since they don't know anything about them. I've had people tell me they were afraid to serve on an association board because they were unsure of the issues. I've heard folks say they didn't want to see infants because they're scared of the age group. I've had optometrists admit that they changed their practice setting because they were afraid of improperly coding



**Dr. Carlson**

exams for insurance purposes. I've had optometrists privately tell me they didn't want to take a test because of the fear of failure. Would it surprise you if I admitted I was once terrified of public speaking?

According to myriad psychology Web sites, overcoming fear is a way in which to attain success.

This year, I challenge each of you to do something that scares you.

You can do this for your personal life, but specifically I request it to be about optometry.

Switch over to electronic health records. Incorporate infant exams in your practice. Open a practice of your own. Take a test. The options are endless.

Whatever you decide to do, Write It Down! Put it in a safe place so you can refer back to it.

I guarantee you that your success will inspire you to even greater things. It's worked for us.

*Dori Carlson, O.D.*

Dori Carlson, O.D.  
AOA president

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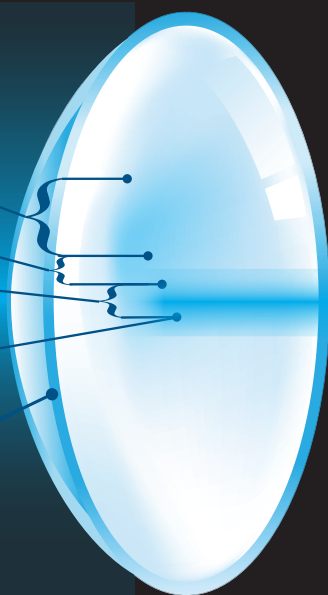
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# Military eye injury registry begins to take shape

**H**arris Corporation, a Melbourne, Fla.-based information technology company, has been awarded a pair of contracts to continue development of a planned Defense and Veterans Eye Injury and Vision Registry that will record the occurrence, treat-

of military eye injuries.”

For the past year, Harris has worked with the resulting Vision Center of Excellence and Defense Health Information Management System to design, develop and deploy the registry to improve the prevention, diagnosis and

reviews resulted in an error density of only .08 percent, according to a company statement.

Under the first of the new contracts, announced last month, Harris will operate, maintain and enhance the registry for three years, working as a subcontractor to Pelatron, Inc.

Under a second five-year contract, Harris will populate the registry with information from medical records and other documentation for all eye injuries sustained by service members.

DoD and VA medical researchers will mine the massive dataset for information on care and outcomes that will be used to improve eye-injury treatment protocols on and off the battlefield.

The work to collect treatment and outcome information will allow the Vision Center of Excellence to conduct multidimensional studies to improve readiness, and enhance patient

care and outcomes, according to the company.

“As eye injury rates on the battlefield remain high, the Defense and Veterans Eye Injury and Vision Registry is a critically important new tool in the effort to improve care for our service members and veterans,” said

Jim Traficant, president, Harris Healthcare. “The work done by Harris to collect treatment and outcome information will allow the Vision Center of Excellence to conduct multidimensional studies to improve readiness, and enhance patient care and outcomes.”

*The registry is intended to improve the prevention, diagnosis and treatment of eye-related injuries and diseases affecting active-duty service members and veterans.*

ment and outcomes of military eye-related injuries.

The National Defense Authorization Act of 2008 directed the Department of Veterans Affairs (VA) and Department of Defense (DoD) “to establish a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation

treatment of eye-related injuries and diseases affecting active-duty service members and veterans, according to the company.

Harris completed initial development work six months ahead of the government’s schedule and the software was ranked “world class” after the code quality

## AOA honors BVA



AOA President Dori Carlson, O.D., presents Tom Miller, executive director of the Blinded Veterans Association (BVA), with an AOA Health Leadership Award honoring the organization’s service to blinded veterans as well as veterans with low vision.

Dr. Carlson also presented the BVA with an AOA check to support Operation Peer Support, through which BVA places combat-blinded veterans of World War II, Korea, and Vietnam in contact with veterans who have lost sight as the result of wounds sustained in Iraq or Afghanistan.

The program is designed to help recently blinded veterans cope with their blindness by offering support from those who have experienced what it means to be blinded by combat injuries.

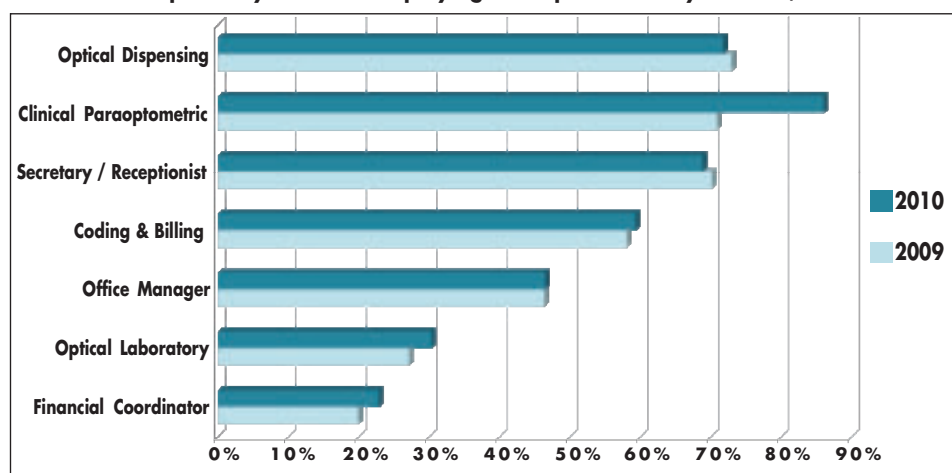
The AOA Advocacy Group annually presents Health Leadership Awards to honor legislators and government officials who advance efforts related to eye and vision care.

Miller and the BVA are among the first outside the government ever to receive the award. Dr. Carlson made the presentation during a Nov. 17 visit to the BVA headquarters in Washington, D.C.

## OPTOMETRY FACTS IN FOCUS

According to a recent survey of optometrists, nearly all practices (97%) employed paraoptometrics in 2010 either on a full-time or part-time basis. Paraoptometrics were employed in 95% of solo and 98% of non-solo practices. As seen in the graph, clinical paraoptometrics were the most frequently employed paraoptometric position among optometrists in 2010 with 86% of practices employing clinical paraoptometrics.

Percent of Optometry Practices Employing Paraoptometrics by Position, 2009 - 2010



Source: AOA Research & Information Center, 2011 Survey of Optometric Practice. “RIC@aoa.org”

Visit [www.aoa.org/2011Para](http://www.aoa.org/2011Para) to read the Executive Summary and learn how you can obtain results from the 2011 Survey of Optometric Practice.



# CMS to notify practitioners regarding 5010 compliance

Optometric practices should watch for notices from the U.S. Centers for Medicare & Medicaid Services (CMS) – or any claim-filing service a practice may use – regarding compliance with federal regulations that require the use of ASC X12 Version 5010 claim-filing software, according to the AOA Advocacy Group.

Under federal law, health care practitioners were required to implement software meeting Version 5010 (v5010) specifications by Jan. 1, 2012 (see the December edition of *AOA News*).

However, to give health care practitioners more time to meet the new software requirements, the CMS announced last month it would suspend active enforcement action against noncompliant practitioners until April 1, 2012.

In addition to installing v5010 software updates, practitioners (or their contracted billing firms) must verify that the new software is working properly by using it to test file a few Medicare claims, the CMS notes.

“The take-home message for optometrists is: CMS is providing a 90-day grace period to convert to 5010 standards. Your Medicare contractor or carrier will notify you if you must take action to test and implement the new standards. If you are a customer of a billing service that is not yet compliant, then the company should notify you of its transition plans,” AOA Advocacy Group Director Jon Hymes said.

Medicare fee-for-service practitioners who have implemented and successfully tested v5010 software will receive notices from their Medicare carriers over the coming weeks, informing them that they must begin regularly using their new v5010 software within 30 days, CMS officials said

in an e-bulletin to practitioners last month.

Practitioners who have not yet implemented or tested v5010 software will receive notices from their carriers instructing them to conduct v5010 tests and submit plans and timelines for transition to the new software within 30 days.

Billing services must advise their client practition-

ers over the coming weeks if they are not yet able to file claims with v5010 software and outline their plans to achieve compliance over the following 30 days.

Claims not filed using v5010 software will be rejected beginning April 1, the CMS emphasizes.

The agency could also assess fines or other penalties for failure to meet the

v5010 standards.

Provisions of the federal Health Insurance Portability and Accountability Act (HIPAA) require health care practitioners to use v5010 software.

The v5010 standards are designed in part to accommodate the use of ICD-10 billing codes, which the CMS plans to implement in October 2013.

In addition to meeting ASC X12 Version 5010 standards, the updated software must meet National Council for Prescription Drug Programs (NCPDP) D.0 and 3.0 standards.

For additional information, including v5010 compliance testing instructions, visit the 5010 page on the AOA Web site ([www.aoa.org/5010](http://www.aoa.org/5010)).

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Reference: 1. Ciba Vision data on file, 2011.

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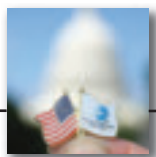
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# AOA sees early gains as HHS releases essential health benefits proposal

In the closing days of 2011, the U.S. Department of Health & Human Services (HHS) released much-anticipated details of a substantial regulatory step that the agency is planning to take toward implementing a key optometry-backed provision of the 2010 health care overhaul

health insurance exchanges, non-grandfathered individual and small group plans outside of state health insurance exchanges, as well as Medicaid benchmark and benchmark-equivalent plans, and Basic Health Programs.

The AOA now believes that significant ongoing federal and state advocacy is

Congress and the AOA's clear success in being heard in the regulatory process, optometric care is a key step closer to being recognized as essential at the federal level.

Nevertheless, while the HHS announcement is considered a first-round win for AOA and its Capitol Hill partners, the agency did fall short by largely directing states to determine the specific essential health benefit package for health insurance offered to small group and individual markets based on market-leading plans within each state, with a default to the federal employees benefit plans.

In its initial plan, the HHS proposed to allow states to choose their own essential benefits package using an existing plan as a benchmark.

The 10 choices for each state are: one of the three largest small group plans in the state; one of the three largest state employee health plans; one of the three largest federal employee health plan options; or the largest health maintenance organization (HMO) plan offered in the state's commercial market.

The HHS is considering allowing the plans to define pediatric vision care services and report to the HHS what the coverage is, with the HHS retaining the option to further define the benefit.

However, if a state chooses a benchmark plan that does not cover the category of pediatric vision care, then the HHS is considering having the essential pediatric vision care benefit default to the Federal Employees Dental/Vision Insurance Program (FED-VIP) with the largest enrollment.

Importantly, HHS notes in its proposal that the FED-VIP plan with the highest enrollment covers "routine" eye exams with refraction, and corrective lenses and contact lenses.

Additionally, the HHS notes that essential benefits must be "substantially equal" to the benefits of the chosen plan.

Going forward, AOA volunteers and staff will continue to advocate collectively for appropriate benchmark benefits for pediatric vision care by assessing state options, assisting with state affiliate strategies, continuing pressure on the HHS to ensure that no state will be able to offer an inadequate pediatric vision benefit, and member and public education.

As for state affiliates, it is now more critical than ever to have full engagement

in state-level implementation of the new health care law and full delegations to the upcoming AOA Super Advocacy Meetings in Washington, D.C., April 1-3 (AOA Congressional Advocacy Conference and AOA State Government and Third Party National Conference).

To view Washington office Director Jon Hymes' full overview of the recent HHS announcement, please visit <http://newsfromaoa.org/2011/12/18/aoa-overview-of-essential-benefits-announcement-by-hhs/>.

AOA members looking to become more involved in federal advocacy and those seeking more information on the upcoming AOA Super Advocacy Meeting should contact the AOA Washington Office at 800-365-2219 or [ImpactWashingtonDC@aoa.org](mailto:ImpactWashingtonDC@aoa.org).

*The HHS is considering allowing the plans to define pediatric vision care services and report to the HHS what the coverage is, with the HHS retaining the option to further define the benefit.*

law.

After months of determined advocacy in the nation's capital and in cities and towns across the nation, the HHS ultimately acknowledged in its recent essential health benefits proposal that the "pediatric vision care" essential health benefit would be centered on a comprehensive eye examination and not a screening offered alone or as part of a "well child" office visit.

Under the new law, the HHS has been charged with defining and updating the 10 categories of essential health benefits, including the AOA-backed "pediatric vision care" benefit.

Additionally, the law mandates that the agency ensure that essential health benefits are at least equal to the scope of benefits offered under a typical employer plan.

Starting in 2014, essential health benefits must be covered by non-grandfathered individual and small group plans within the state

necessary to ensure that "pediatric vision care" will not be downgraded to less than a comprehensive eye examination for the millions of newly insured Americans, including 9 to 10 million children who previously did not have health insurance, much less coverage for vision care.

Since the law's enactment, AOA doctors and staff have been meeting with White House and HHS officials in Washington, D.C., and in large public "listening sessions" around the country, to press for a benefit based on direct access to optometric care for America's children and covering a comprehensive eye exam and follow-up care, including materials.

At the same time, insurers, organized medicine and other groups with an anti-optometry agenda have actively sought a screening-based benefit and to try to impose limits on patient access to ODs.

But, due to the efforts of optometry's supporters in

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# Medicaid begins new claim audit program in January

The U.S. Department of Health & Human Services (HHS) is launching a new Medicaid Recovery Audit Contractor (RAC) program under which state Medicaid programs will begin using independent auditors to retroactively review claims for improper payments beginning Jan. 1, 2012.

payments. RACs review claims after payments have been made, using both simple, automated review processes and detailed reviews that include medical records,” according to the HHS.

State Medicaid programs are already required to screen incoming claims using in-house auditors for compli-

RAC has come under fire from some practitioners for overly aggressive auditing.

Medicare and Medicaid auditing programs now in effect have generally found optometrists to have a good record for appropriate billing, the AOA Advocacy Group notes.

Stepped-up efforts by HHS and other government agencies over recent years to prevent waste, fraud, and abuse have resulted in few actions against optometrists.

However, with optometrists providing the overwhelming majority of eye and vision care for Medicaid patients, and a significant percentage of Medicaid claims soon to be routinely reviewed by outside auditors, the AOA Advocacy Group is concerned that relatively minor mistakes made on Medicaid claims over a period of time could result in some practices being asked to return substantial amounts of Medicaid reimbursement.

Such requests could constitute a significant financial hardship for a practice, the AOA Advocacy Group notes.

The prospect of retroactive audits may further diminish the ranks of practitioners willing to see patients under Medicaid, a health plan that is already struggling to maintain an adequate number of providers, an AOA Advocacy Group staff person noted.

Based on comments from the AOA and other health care provider associations, the HHS is limiting the frequency and age of claims Medicaid RACs can request from claimants for review.

Auditors will be allowed to review claims as far back as three years.

Also at the request of health profession organizations, RACs are required to employ a staff consisting of nurses, therapists, and certified coders, with a physician as the medical director for the program.

## Medicare offers beginner's guide to EHR incentives

“An Introduction to the Medicare EHR Incentive Program for Eligible Professionals” is now available from the U.S. Centers for Medicare & Medicaid Services (CMS). The new 83-page downloadable publication outlines the basics of the Medicare EHR incentive program including various program options and the requirements practitioners must meet to qualify for incentives.

The publication can be downloaded on the CMS Web site at <http://tinyurl.com/MedicareEHRguide>.

## CMS launches EHR listserve

The U.S. Centers for Medicare & Medicaid Services (CMS) now offers a listserve to keep health care practitioners and institutions up to date regarding developments in the Medicare and Medicaid electronic health records (EHR) incentive programs.

The new CMS EHR Incentive Programs Listserv “will provide timely, authoritative information about the programs, including registration and attestation updates, and details about the payment process,” agency officials said.

“By subscribing to the listserv, CMS will keep you informed of upcoming deadlines and give you answers to questions and concerns that we have gathered from eligible professionals and eligible hospitals in the field. New updates will be circulated on the listserv to keep you informed of any developments, and subscribers will be notified of any new Frequently Asked Questions that are published on the CMS EHR Incentive Programs Web site,” officials said.

Health care practitioner can join the listserve on the CMS Web site at <http://tinyurl.com/CMSEHRListserve>.

## Medicare extends 2012 Annual Participation Enrollment Program

The U.S. Centers for Medicare & Medicare Services (CMS) is extending the Medicare 2012 Annual Participation Enrollment Period through Tuesday, Feb. 14, 2012.

The effective date for any participation status change during the extension, however, remains Sunday, Jan. 1, 2012, and will be in force for the entire year.

Contractors will accept and process any participation elections or withdrawals made during the extended enrollment period that are post-marked on or before Feb. 14, 2012.

The CMS extended the Medicare 2012 Annual Participation Enrollment Period as the result of Congressional action to avert a negative update for the 2012 Medicare Physician Fee Schedule (MPFS).

The 2012 Medicare enrollment period began on Nov. 14, 2011.

*The AOA Advocacy Group is concerned that relatively minor mistakes made on Medicaid claims over a period of time could result in some practices being asked to return substantial amounts of Medicaid reimbursement.*

Optometrists who see Medicaid patients should take note of the program and take steps to ensure strict compliance with program billing regulations, according to the AOA Advocacy Group.

Four out of five Medicaid patients with eye or vision care problems receive care through an optometrist.

The department released details of the program Sept. 14 as part of a package of program integrity measures authorized under the federal Affordable Care Act.

Under the program, independent auditors, retained by state Medicaid programs, will search for fraud, waste and abuse by reviewing past claims that already have been paid.

Auditors will be compensated based on a percentage of funds they recover that were paid inappropriately to doctors, hospitals and others.

They will also be paid a percentage when they find underpayments that must be reimbursed to health care practitioners or institutions.

“The Recovery Audit Contractors (RACs) detect and correct past improper

ance with billing rules and refer information on physicians or providers with a pattern of billing irregularities to a network of Audit Medicaid Integrity Contractors (Audit MIC) for comprehensive audits of their practices or businesses by outside auditors.

However, the Medicaid programs never before have been required to use outside auditors for routine claims review.

Nor have they retroactively reviewed claims on a regular basis and sought return of reimbursements from physicians or providers when inappropriate payments were uncovered.

The new Medicaid RAC program is modeled after the Medicare Recovery Audit Contractor Program that was implemented nationwide last year.

The Medicare outside auditing program has recovered \$670 million in improper payments so far this year and increased eight-fold the amount of inappropriate payments recovered by the health plan, according to the HHS.

However, the Medicare



## AOA backs health care error prevention effort

The Department of Health & Human Services (HHS) last month announced that hospitals across the country will have new resources and support to make health care safer and less costly by targeting and reducing the millions of preventable injuries and complications from health care-acquired conditions.

As part of the Partnership for Patients initiative, a nationwide public-private collaboration to improve the quality, safety, and affordability of the health care system for all Americans, \$218 million was awarded to 26 state, regional, national, or hospital system organizations to become Hospital Engagement Networks.

As Hospital Engagement Networks, these organizations will help identify solutions already working to reduce health care-acquired conditions, and work to share them with other hospitals and health care providers.

The AOA is a Partnership for Patients member.

Hospital Engagement Networks will work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety.

They will be required to conduct intensive training programs to teach and support hospitals in making patient care safer, provide technical assistance to hospitals so that hospitals can achieve quality measurement goals, and establish and implement a system to track and monitor hospital progress in meeting quality improvement goals.

Additional information on the Partnership for Patients and participating hospitals can be accessed at [www.healthcare.gov/partnershipforpatients](http://www.healthcare.gov/partnershipforpatients).

## Vote for the top story of the past 50 years

In reflecting upon the gains of the past, be sure to log in to AOACONnect and vote for the top story of the past 50 years at <http://bit.ly/sa18Dn>. Here are some of the top selections of past ways in which the AOA helped strengthen the profession:

**1963**—AOA became an agency member of the American Public Health Association.

**1964**—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association

**1967**—Council on Clinical Optometric Care is formed

**1968**—American Optometric Student Association (AOSA) formed

**1970**—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB)

**1971**—First DPA Law passed - Rhode Island

**1976**—First TPA Law passed— West Virginia

**1977**—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State)

**1986**—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.

**1988**—Federal Trade Commission approves trade regulation (Eyeglasses II)

**1994**—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care

**1998**—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma

**2000**—Kentucky became the first state to require children to have a vision examination before entering the public school system

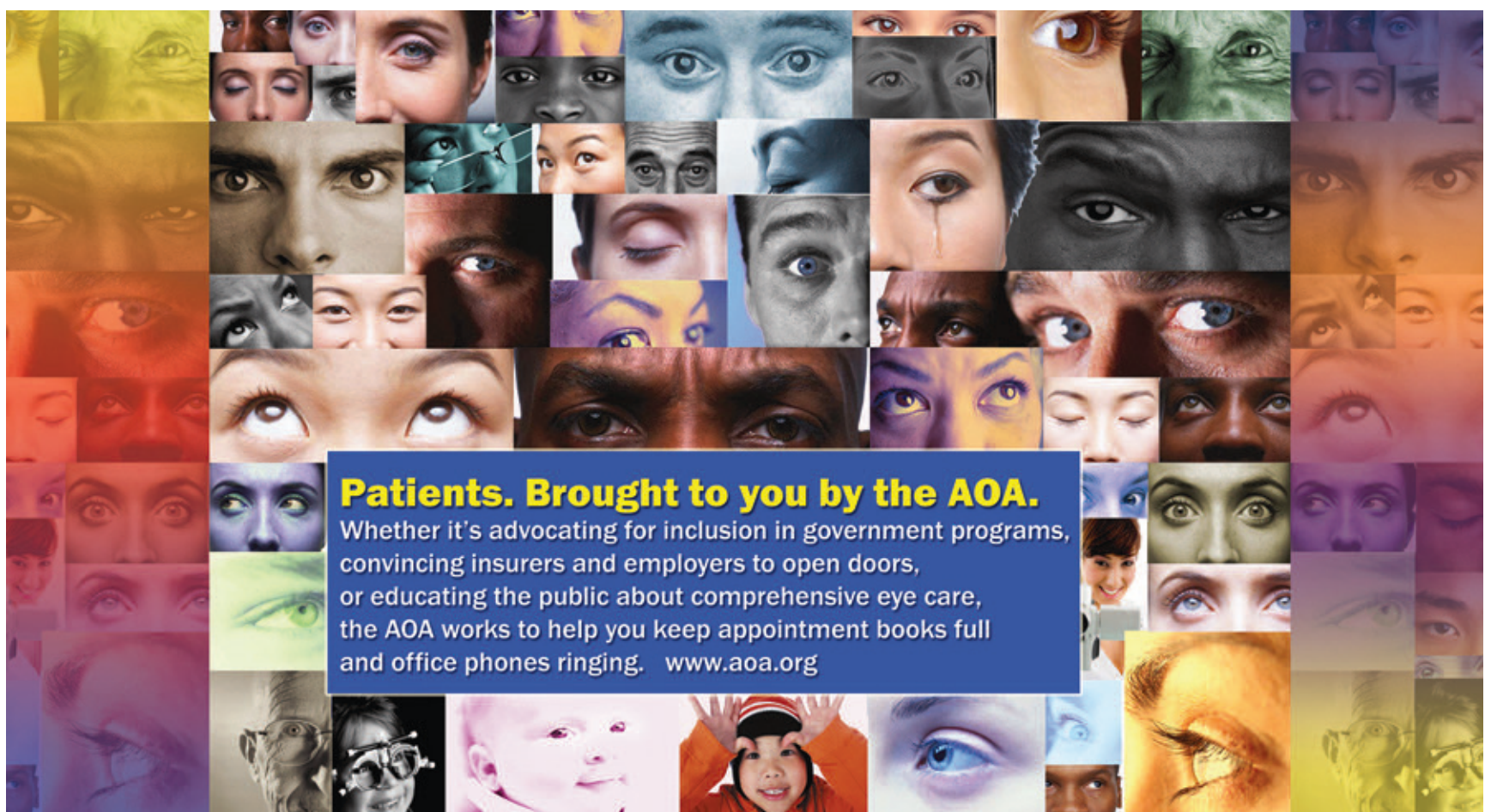
**2002**—AOA launches the Healthy Eyes, Healthy People® program

**2005**—InfantSEE® program established

**2008**—AOA establishes the National Commission on Vision and Health (NCVH)

**2009**—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification

To commemorate 50 years of groundbreaking news in optometry, we will publish the Top 10 AOA News stories as selected by our readers from all five decades. Please share your commentary and personal stories on the site as well (<http://connect.aoa.org>). We'd love to hear from you.



**Patients. Brought to you by the AOA.**  
Whether it's advocating for inclusion in government programs, convincing insurers and employers to open doors, or educating the public about comprehensive eye care, the AOA works to help you keep appointment books full and office phones ringing. [www.aoa.org](http://www.aoa.org)

for Disease Control and Prevention's Morbidity and Mortality Weekly Report, only 36 percent of all preschool children received even a vision screening – let alone a comprehensive eye examination. Studies from the past two decades reveal that there exists a public health emergency with respect to child vision health in the United States and that we are making no progress toward its solution."

In addition, growing concern over systemic conditions such as diabetes, which has ocular manifestations and has reached epidemic proportions in many school-age populations, as well as the increased emphasis on eye safety in school sports programs, could make on-site eye and vision care attractive to school administrators, suggested Michael Duenas, O.D., AOA associate director of public health policy.

"Having the local OD come to the school a day or two a week might make sense for all concerned," Dr. Duenas said.

The 45 school-based clinics included in last month's grant allocations already provide health care to 112,000 children, according to the HHS.

The increased funding, authorized under the federal Affordable Care Act, will now allow them to treat an estimated additional 53,000 children in 29 states.

School-based health centers enable children with acute or chronic illnesses to attend school and improve the overall health and wellness of all children through health screenings, health promotion and disease prevention activities.

Typically, a school-based clinic provides a combination of primary care, mental health care, substance abuse counseling, case management, dental health, nutrition education, health education and health promotion activities.

The newly announced grants can be used for construction, renovation or new

equipment.

"These grants will enable school-based health centers to establish new sites or upgrade their current facilities, which will increase their ability to provide preventive and primary health care services, and help children improve their health and remain healthy," said HRSA Administrator Mary K. Wakefield, R.N.

"Schools that are planning to use the grants to provide on-site dental may find it advantageous to consider adding multi-use exam rooms that could house dental and optometry," Dr. Duenas said.

The AOA Advocacy Group suggests optometrists, who are interested in providing school-based care, contact grant recipients to determine if on-site optometric care would be appropriate for their school clinics.

In some cases, recent optometry school graduates may wish to consider providing care in school-based clinics as a way of establishing a practice, Dr. Duenas said.

In all, the Affordable Care Act provides \$200 million in funding over the period from 2010 to 2013 for the HHS School-Based Health Center Capital Program to address significant and pressing capital needs and to improve delivery and support expansion of services at school-based health centers.

The grants announced last month are the second in a series of awards that will be made available to school-based health centers under the act.

The Health Resources and Services Administration (HRSA) oversees the School-Based Health Center Capital Program.

A full list of School-Based Health Center Capital Program grantees is available at [www.hhs.gov/news/press/2011pres/12/20111208a\\_granteees.html](http://www.hhs.gov/news/press/2011pres/12/20111208a_granteees.html)

To learn more about School-Based Health Centers, visit [www.healthcare.gov/news/factsheets/2011/12/health-centers12082011a.html](http://www.healthcare.gov/news/factsheets/2011/12/health-centers12082011a.html).

## AOA offers trio of new HIT courses

With the American health system rapidly adopting both advanced information technology and pay-for-performance reimbursement systems, the AOA Clinical and Practice Advancement Group (AOA CPAG) is launching its new Navigating Meaningful Use and Quality Reporting with Electronic Health Records (EHR) continuing education program to help optometrists better understand health information technology (HIT) and the often interrelated world of financial incentive programs.

"The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs are entering their second year. The Medicare e-Prescribing Incentive Program is in its third. So is the Medicare Physician Quality Reporting System," noted Philip Gross, O.D., chair of the AOA's Practice Advancement Committee and HIT Subcommittee. "These three programs are just part of an overall effort to enhance the quality of American health care through the use of information technology and the quality-of-care reporting it can make possible. Clearly optometrists today must adopt EHRs and related technology, such as e-prescribing, if they wish to be an integral part of the health care system. Moreover, to keep their practices financially viable, optometrists must take advantage of HIT-related incentive programs that are now available and understand how information technology will ultimately provide the infrastructure for pay-for-performance reimbursement programs in the future."

Building on AOA CPAG's highly successful program of EHR continuing education courses at Optometry's Meeting and state optometric association meetings last year, the new Navigating Meaningful Use and Quality Reporting with

EHRs initiative will this year offer a selection of three two-hour classes designed to provide the specific HIT guidance practitioners need, whether they are just now planning to initiate EHRs in the offices, implementing basic HIT functions such as e-prescribing, hoping to earn substantial Medicare or Medicaid incentive payments by meeting government standards for the "meaningful

implications, exemptions, and compliance issue.

❖ **Physician Quality Reporting System (PQRS)** and **e-Prescribing Made Easy** explains how EHR systems can facilitate participation on the Medicare PQRS or other quality reporting programs. It also details the use of e-prescribing as either an EHR function or stand-alone process. In addition to explaining the financial

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*Clearly optometrists today must adopt EHRs and related technology, such as e-prescribing, if they wish to be an integral part of the health care system.*

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use" of EHRs, or planning to use HIT to facilitate participation in Medicare's PQRS quality reporting program.

❖ **EHR Software Selection and Implementation** is an entry-level HIT course for optometrists who plan to implement EHR technology in the coming months. It includes an overview EHR terms and concepts, a guide to shopping for the EHR system best suited to a practice, an in-depth discussion on the impact EHRs can have on a practice from workflow to reimbursement, and a practical strategy for EHR implementation in a practice.

❖ **EHR Incentive Programs and Meaningful Use Update** is a more advanced course for practitioners who have already implemented EHRs and are now preparing to take part in the Medicare or Medicaid EHR incentive program. This course details both the Medicare and Medicaid programs, covering requirements, incentives, penalties, and the registration and attestation processes. Meaningful Use objectives are covered extensively with information on requirements, clinical

incentives available, the course emphasizes the clinical importance of PQRS participation and e-prescribing. Examples of successful PQRS participation and e-prescribing are highlighted. A process for the successful implementation of PQRS reporting and e prescribing is outlined.

Like last year's popular AOA Enhancing Patient Care through the Implementation of EHRs continuing education courses, the new Navigating Meaningful Use and Quality Reporting with EHRs courses will be presented by a roster of nationally recognized experts on EHR implementation in optometric practice.

One or more of the new courses will be offered at the 2012 Optometry's Meeting® (June 27 – July 1) in Chicago as well as at 20 state optometric association meetings during 2012 (see box on page 17).

State optometric associations can provide information on the specific courses that

*See Courses, page 17*



## Fix, from page 1

The anticipated increase comes as a direct result of the AOA's ongoing advocacy and would mean that optometry likely will pass \$1 billion in Medicare annual allowed charges for physician services.

Of the 56 specialties tracked by the CMS, only two will see a larger gain than optometry in 2012.

Of note, no MD specialty will see as much as a 2 percent increase in 2012.

Of course, the anticipated increase in pay for certain Medicare services will likely be for naught if Congress fails to take action to avert the more than 27 percent cut postponed by the year-end deal. As a result of the two-month agreement, Medicare payments to ODs and other physicians are now scheduled to be cut roughly 27.5 percent starting Mar. 1, 2012.

While providing ODs with a short-term reprieve, the deal continues the uncertainty that doctors and Medicare patients have been facing while Congress and the President have been unable to find agreement on a long-term solution.

For years, the AOA and other physician organizations have been urging leaders in Washington, D.C., to overhaul the Medicare flawed Sustainable Growth Rate (SGR) formula. Now, the AOA is renewing its most recent call to action as lawmakers only have a few weeks to act before the scheduled Medicare fee cut returns.

With both houses of Congress scheduled to return Jan. 23, Republican and Democratic lawmakers are expected to appoint a handful of lawmakers to a special panel to work toward finding common ground on a longer-term package of payroll cut extensions, unemployment benefits, and Medicare payment provisions.

While the AOA will certainly be at the table to fight for long-term Medicare payment reform and for fair treat-

ment for ODs and patients, one plan recently offered by the Medicare Payment Advisory Commission (MedPAC) has the AOA and its Capitol Hill partners concerned.

In a report issued to

Congress earlier this year, the members of MedPAC developed and delivered a plan that would have replaced Medicare's SGR formula with a series of pay cuts to ODs and other "specialist" physicians amounting to roughly

18 percent over multiple years and followed by a five-year freeze.

The plan would not have imposed cuts on what Medicare considers primary care physicians and would have frozen payment rates for

those physicians for the full seven-year window.

In an AOA-backed letter authored by Reps. Michael Burgess, M.D., (R-Texas) and

*See Fix, page 21*

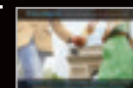


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# Connect, learn and recharge at Optometry's Meeting® in Chicago

From education to exhibits to networking – and of course the excitement of Chicago – there are countless reasons to attend Optometry's Meeting® 2012. This June 27 through July 1, Chicago's McCormick Place convention center will be home to all that's innovative and exciting about our profession.

With so much that's new for 2012, you'll want to make your plans now so you don't miss out on this must-attend event. These are just some of the highlights.

## Expand your contacts

Your networking opportunities this year are better than ever, thanks to our partnerships with other premier optometry organizations. So while you meet and greet your AOA and American Optometric Student Association (AOSA) colleagues, you can also connect with old and new friends at these three concurrent conferences:

- ❖ Illinois Optometric Association. The AOA and

AOSA extend a special welcome to all of our colleagues and friends from the Illinois Optometric Association (IOA) who are participating in Optometry's Meeting® this year. We are thrilled to be in their wonderful state and appreciate their hospitality. Please be sure to thank their members for joining Optometry's Meeting®.

- ❖ Armed Forces Optometric Society. The AOA and AOSA extend a special welcome to all of our colleagues and friends from the Armed Forces Optometric Society (AFOS) who are meeting with us this year. We greatly appreciate their service to our military troops and their families, our Native American population and our veterans. AFOS members will be fully participating in Optometry's Meeting®. Please be sure to thank their members for joining Optometry's Meeting®.

- ❖ World Council of Optometry. Advancing Optometry Worldwide, the World Council of Optometry's international conference, will immediately precede Optometry's

Meeting® from June 24-26. This provides additional opportunities to share ideas and information with many of the WCO's 300,000 optometrists in six world regions who will be in Chicago.

## Build your knowledge

Along with such popular topics as technological advances, pharmaceutical research and eyewear trends, Optometry's Meeting® 2012 will feature new educational events that can help you grow and sharpen your practice.

- ❖ 3D Theater is home to a wide range of educational programs on the science behind stereoscopic 3-D.

Movies, TV, mobile devices, classrooms and signage are all increasing the use of 3-D technologies, and this is helping to identify millions of children and adults with treatable binocular vision problems.

- ❖ Practice Pathways is a two-part course open to all attendees looking to buy, buy-in or sell a practice. You'll discover how to be successful

in each stage of the practice lifecycle, including practice entry, practice management, and development and succession planning.

- ❖ Pardon the Optometrist is a new series of courses featuring the rapid-fire question format familiar to viewers of sports TV. Each course subtopics will be limited to 10 minutes of fast paced discussion and debate, with a rundown of upcoming subtopics displayed on a screen.

Five courses will be presented in this unique and lively style: Anterior Segment, New Technology, Contact Lenses, Glaucoma, and Student Practice Management.

## Specialty courses

Optometry's Meeting® is partnering with six innovative societies to give you the chance to increase your knowledge in specific areas of optometry. Look for these education tracks on the CE program! The participating societies include the College of Optometrists in Vision Development, the Ocular Surface Society of Optometry, the Optometric Council on Refractive Technology, the Optometric Glaucoma Society, the Optometric Retina Society, and Vision Leads Foundation

## Lunch and learn

Three brand-new lunch symposia will be offered to all attendees on Thursday. You can attend your choice of these timely and informative programs:

- “Medical Management of the Presbyopic Patient” will be sponsored by Alcon. The co-presenters are Chuck Aldridge, O.D., and Melanie Denton, O.D.

- Clinical Overview of Lastacraft® (alcaftadine oph-

thalmic solution) 0.25%” will be sponsored by Allergan. The speaker is Mark Dunbar, O.D.

- “Clinical Overview of Restasis® (Cyclosporine Ophthalmic Emulsion) 0.05%” will be sponsored by Allergan. The speaker is Marc Bloomenstein, O.D.

And an expert forum, “Building Successful Practices Through Patient Referrals,” will be sponsored by Vistakon®. This panel discussion will be led by Lee Ball, O.D.

## Interactive poster session

Optometry's Meeting® attendees are encouraged to attend the AOA Clinical and Scientific Poster Session, offering continuing education (CE) credit on Friday, June 29 from 11 a.m. to 2 p.m. This interactive session will provide a one- or two-hour CE credit for uninterrupted viewing.

## Celebration of Optometry

Scientists know her as FMNH PR 2081, but the world knows her as Sue — the largest and best-preserved Tyrannosaurus Rex specimen in the world, housed in Chicago's famed Field Museum. And our Saturday evening gala, “A Celebration of Optometry,” will take place right in Sue's shadow.

This memorable special event recognizes the AOA and AOSA Board of Trustees.

You'll enjoy our own “Taste of Chicago” hors d'oeuvres and be entertained by dueling pianos as you walk through the museum's world-class natural history exhibits showcasing every corner of the globe.

See *Optometry's Meeting®*, page 16



The Chicago lakefront showcases the Shedd Aquarium located just south of downtown Chicago, along Lake Michigan, and the Field Museum. The Celebration of Optometry will be housed in the Field Museum on Saturday, June 30.

Photo credit: © City of Chicago / GRC





# Optometry's meeting

## 2012 SEE WHO IS GOING AND WHY

I look forward not only to a great learning experience but also reuniting with friends made at Optometry's Meeting® from one end of our 50 states to the other.

**Billie Taylor, CPOT**

Optometry's Meeting® is an exceptional professional resource for me. Not only is it an opportunity and privilege to participate in AOA polity, it is a chance to interact on a personal level with other AOA members, leaders and students from around the country. For those with any interest in our profession on a national level, it is the place to be.

**David Hays, OD**



Each Optometry's Meeting always manages to exceed my expectations! The days are packed with exciting student events, there are numerous opportunities to network with doctors and other students, and you may even experience how organized optometry operates. Attending Optometry's Meeting® makes me proud to be a member of this beautiful profession, and I always come away with a renewed desire to stay involved. It's my favorite optometry event of the year!

**Daphne Chan**  
UCB Class of 2013

Optometry's Meeting® provides a venue of highly skilled optometric professionals promoting futuristic vision for optometry. Optometry's Meeting® primary focus is on the highly skilled optometrist and paraoptometric staff development in a setting that encourages networking and synergy within the industry.

**Lynn Lawrence, CPOT**

**Want to have a quote in a future ad?**  
Email why you attend Optometry's Meeting to [RDuemig@aoa.org](mailto:RDuemig@aoa.org)

**REGISTRATION OPENS IN FEBRUARY.**

Find the latest meeting information at [www.optometrismeeing.org](http://www.optometrismeeing.org)

Optometry's Meeting® is the annual meeting of the American Optometric Association and the American Optometric Student Association



### Get the app

Available in March 2012, the official Optometry's Meeting® smartphone app will enable you to view conference schedules, exhibit locations, show and company information, and your personal show calendar.

It's sponsored by Vistakon® and Alcon.

### Faster, easier booking

New for 2012, Optometry's Meeting® is introducing a more streamlined approach to registration this February.

You will be guided through both conference registration and housing reservations step by step.

After completing your registration, you will be linked directly to the housing reservation page which offers discounted rates at three magnificent Chicago hotels that have blocked rooms for Optometry's Meeting®:

- ❖ The Hilton Chicago—the official headquarters hotel of Optometry's Meeting®—located on Michigan Avenue overlooking Grant Park and Lake

Michigan.

- ❖ Hilton Palmer House—a historic grand hotel close to Millennium Park, Macy's, and the Art Institute.

- ❖ Hyatt Regency McCormick Place—connected by skybridge to McCormick Place Convention Center.

The House of Delegates and the Conference Education will all be located at McCormick Place with the majority of the evening activities taking place at the Hilton Chicago or the Hilton Palmer House.

Complimentary shuttle service is provided between McCormick Place and the Hilton Chicago and Hilton Palmer House, sponsored by Allergan and Vistakon®.

You are encouraged to choose one of these hotels for easy access to all Optometry's Meeting® functions, plus the networking opportunities from staying where your colleagues are staying.

So you're all set when Registration and Housing open in February, make sure you bookmark and regularly visit [www.optometrismeeting.org](http://www.optometrismeeting.org).

## Advancing Optometry Worldwide

# WCO international conference announced for Chicago 2012

Advancing Optometry Worldwide, the World Council of Optometry's next international conference, will be held June 24-26, 2012 in Chicago.

This three-day conference will bring together eye

quality lectures, poster presentations and excellent networking opportunities with a diverse audience of professionals.

The conference will feature hands-on clinical workshops in which delegates can

care within countries and regions

- ❖ responding to external influences on optometry such as legislative changes and national, regional and global initiatives, and
- ❖ examples of current optometry programs and curricula.

Submissions can be made online at [www.worldoptometry.org](http://www.worldoptometry.org) until Feb. 10.

Collectively, the 150 organizations within the WCO network represent 300,000 optometrists in six world regions.

The conference will build on the WCO's global expertise and explore the opportunities and priorities of eye care worldwide, making this an event not to be missed.

Log on to [www.worldoptometry.org](http://www.worldoptometry.org) and "like" them on Facebook at [www.facebook.com/WorldCouncilOpt](http://www.facebook.com/WorldCouncilOpt) for up-to-date news and announcements on Advancing Optometry Worldwide.

Registration and bookings will open at the end of the month.

*This three-day conference will bring together eye care professionals, optometrists and students from around the world and is conveniently timed to coincide with Optometry's Meeting®.*

care professionals, optometrists and students from around the world and is conveniently timed to coincide with Optometry's Meeting®, the official annual meeting of the AOA and the American Optometric Student Association (AOSA).

Advancing Optometry Worldwide will be a driving force for the advancement of optometry by providing high-

practice techniques and enhance their skills.

As part of the conference, the World Council of Optometry (WCO) is calling for abstracts for poster presentations related to the conference theme "Advancing Optometry Worldwide."

Topics could include:

- ❖ scope of practice in WCO regions
- ❖ delivery of optometric

## Clepper named president, CEO of Envision

Envision, a national service and employment provider for people who are blind or low vision, named Frank Clepper as president and chief executive officer. He was selected by the Envision board of directors and will begin in February 2012.

Clepper brings with him more than 20 years in military leadership and 10 years in corporate leadership.

"Frank was a stand-out candidate with an outstanding career. We are fortunate to have found someone of his national stature who has Envision's mission and the

Wichita community at heart," said Sam Williams, chair of Envision's Board of Directors. "His passion and his proven record for excellence in leadership make him an ideal fit to lead the organization in the years to come."

Serving successively as chief executive of two installation commands in the United States Army, Clepper provided executive leadership to large organizations that served a population exceeding 400,000 military and family members in Maryland and New York.

Upon his retirement in 2000, he became senior vice

president at UBS in New York, where he was responsible for a significant portion of UBS' back-office operations supporting branch operations, trading and account support, client communications, and Patriot Act compliance.

"Much of my passion for Envision stems from my career in the military. Eye trauma from combat injuries affects more than 50,000 service members who served in Iraq and Afghanistan—and has affected my family as well," said Clepper. "In addition to serving the visually impaired community as a whole, it allows me to direct

efforts toward a group of individuals specifically dear to my heart—those who have sacrificed far more than I in service to their country."

Clepper said as chief executive officer, he hopes to continue to build the organization from its solid foundation.

"Providing the best service and broadest outreach possible for the visually impaired will be my focus," he said. "I also want Envision to be well-known not only in the Wichita community but nationally. The organization provides a greatly needed service; a

need that will continue to grow as the population ages, which will require us to address a growing number of visually impaired Americans, including our American military heroes."

In 2007, Clepper joined Delta Dental of Kansas as its vice president of operations.

In 2009, he was promoted to chief operating officer responsible for all internal functions of the organization.

Clepper assumes the president and CEO position from Interim CEO Kent Wilson, who will resume his role as chief financial officer.



## Courses, from page 12

will be offered during their meetings.

Demonstrations of EHR systems will be offered by leading software vendors following the courses at Optometry's Meeting.

All three of the lectures are COPE-approved.

The "Navigating Meaningful Use and Quality Reporting with EHRs" courses have been developed as part of the new AOA EHR

Preparedness Program for Optometry, sponsored by Codex Techworks, Compulink, Eyefinity, First Insight, FoxFire Systems Group, Kowa, Marco, Practice Director (a division of the Williams Group), QuikEyes, and RevolutionEHR.

For additional information and course updates, see the AOA Web site EHR page ([www.aoa.org/EHR](http://www.aoa.org/EHR)).

Affiliate	EHR Course Date	EHR Course Date- Day 2
Georgia	1/14/2012	
Michigan	2/2/2012	
Rhode Island	2/3/2012	
South Carolina	2/8/2012	
Louisiana	2/11/2012	
Oregon	2/24/2012	2/25/2012
Nebraska	3/14/2012	
South Dakota	4/12/2012	
New Mexico	4/21/2012	
Kansas	4/26/2012	4/27/2012
Ohio	5/2/2012	
Montana	5/3/2012	5/3/2011
Pennsylvania	5/18/2012	
Virginia	6/23/2012	
Indiana	7/11/2012	
Mississippi	8/25/2012	
Kentucky	9/29/2012	
Connecticut	10/13/2012	
Missouri	10/13/2012	10/14/2012
Arizona	12/8/2012	12/9/2012

# EyeBase Smartware EHR system awarded ONC certification

The EyeBase Smartware electronic health records (EHR) program was developed by Stroudsburg, Pa.-based Mountain Computer Systems (MCS) to meet the demands of the practicing optometrist – including the demand for an EHR that is easy to implement and maintain, according to company president Anthony (Tony) Diecidue, O.D.

Headquartered in the Pocono Mountains of eastern Pennsylvania, Dr. Diecidue has been developing and marketing eye and vision care software since 1989, shortly after he graduated from the Pennsylvania College of Optometry and discovered there were few commercially available software systems designed specifically for optometrists.

Developed to function as a fully integrated solution, EyeBase was certified in September as a complete EHR appropriate for use in the U.S. Department of Health & Human Services' (HHS) Health Information Technology for Economic and Clinical Health (HITECH) incentive programs.

An iPad version of the EyeBase program is due for release shortly, Dr. Diecidue said. A Web-based version is also scheduled for release in 2012.

Although it is a "locally based" software program, installed on the office computer, EyeBase is as easy to implement in a practice as a Web-based system, Dr. Diecidue said.

MCS technicians download EyeBase to the office computers via the Internet, making any necessary adjustments and activating functions.

Technical support and training is then provided online or by phone.

After the system is in use, software updates and correction of any technical

issues are handled by the MCS staff via the Internet.

With 150 client practices around the U.S., plus one in Canada and one in Europe, MCS remains one of the smaller optometric software houses.

However, that makes it easier to provide personalized service, Dr. Diecidue said.

"Very often, when (optometric software) customers call, they get me personally,"

There is no "per-user" or "per-seat" fee.

However, a separate license must be purchased for multiple office locations.

Broadband Internet access and at least 15-inch LCD monitors are required.

Like most EHR providers, MCS charges clients a one-time initiation fee.

However, instead of an annual fee for updates,

*One of the first optometric office management systems for Windows, EyeBase provides a simple, graphical interface with intuitive data entry utilizing drop-downs and automatic fill-in boxes.*

said Dr. Diecidue, who operates the company assisted by a team of software designers and support staff. "I still answers calls between patients. And most of the time, when a customer has a problem, it is not just addressed but resolved the same day."

One of the first optometric office management systems for Windows, EyeBase provides a simple, graphical interface with intuitive data entry utilizing drop-downs and automatic fill-in boxes, Dr. Diecidue said.

It uses a Microsoft Access database, but is completely autonomous.

Users need not purchase any additional software.

Medical prescriptions can be sent directly through EyeBase using the AllScripts e-prescribing network.

EyeBase can be installed on as many as 256 computers on a practice network at a single location.

EyeBase assesses clients a monthly "lease" fee covering all necessary services.

The monthly fee is "easier on the pocketbook" for most practitioners, Dr. Diecidue said.

The system provides an interface with *Websystems2.com* for newsletters and e-mail reminders, *4PatientCare.com* for online appointments and the *FramesData* monthly CD.

Insurance e-claims can be filed through *VisionWeb* or *Healthfusion*.

EyeBase was certified for use in federal EHR incentive programs during 2012 by the Drummond Group, a U.S. Office of the National Coordinator for Health Information Technology-authorized testing and certification body (ONC-ATCB).

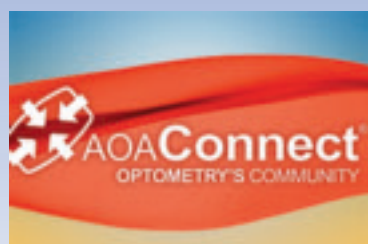
For additional information, see the Mountain Computer System Web page at [www.eyebase.net](http://www.eyebase.net).

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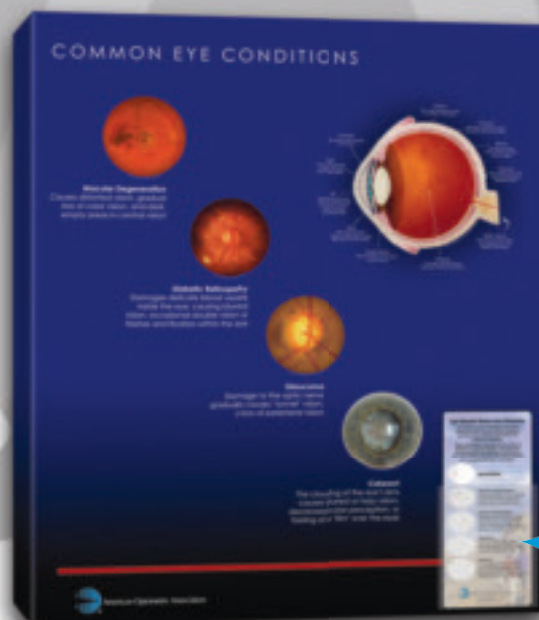
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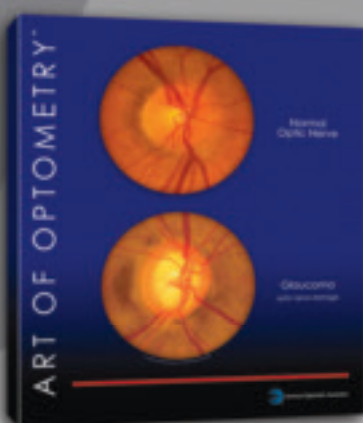
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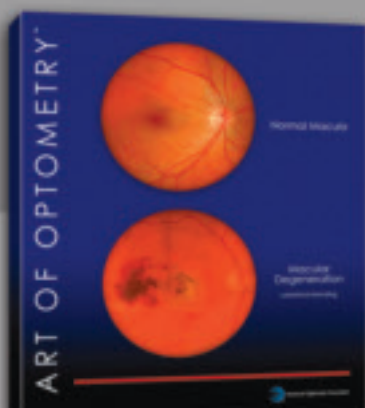
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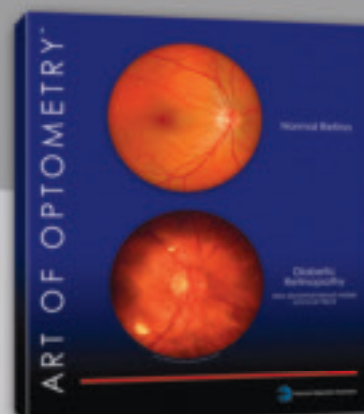
GP-5 Glaucoma



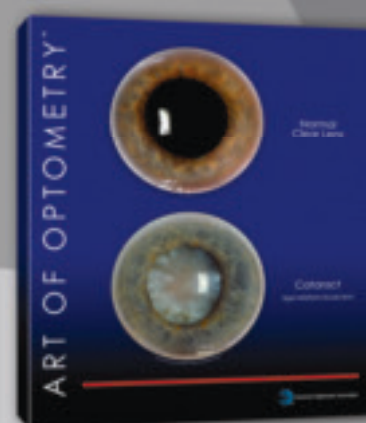
GP-6 Macular Degeneration



GP-9 The Human Eye



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# Watch carefully for Medicare CERT audit notices

The nation's four durable medical equipment Medicare administrative contractors (DME-MAC) are cooperating in a new, joint effort to determine error billing rates for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) as part of the Medicare Comprehensive Error Rate Testing (CERT) Audit Program.

ment contractors, individual contractors, health care services, and various categories of providers and practitioners.

The latest round of CERT audits on DMEPOS – including eyeglasses – are being conducted by the recently established CERT Operations Center.

The center is randomly selecting a sample of approximately 50,000

materials, according to the CMS.

Using results of the audit program, the nation's four DME MACs will work as a single unit to provide education on DMEPOS claim filing, the agency notes.

"Our primary purpose is to centralize education specific to the CERT program and to present a single educational voice and message to suppliers throughout the United States," agency officials noted during the November Webinar on the program.

Because the claims are randomly selected, program results cannot be used to establish a pattern of inappropriate billing by a practitioner that could result in an allegation of fraud, the agency emphasized.

However, businesses or health care practitioners who fail to respond to audit requests in a timely fashion will be subject to significant penalties: specifically, retroactive denial of the claim for which documentation has been requested and a demand for repayment, the CMS also emphasizes.

"It's important for optometrists to understand that if they do not respond, then their payment for the claim will be presumed improper and they will automatically be asked to return the reimbursement for the claim," AOA Advocacy Group Director Jon Hymes emphasized.

Practitioners should also be aware that the audit notices will be mailed in brown window envelopes, not unlike those used for some other Medicare notices and many commercial mailings, according to Charles B. Brownlow, O.D., AOA medical records consultant.

Dr. Brownlow is concerned that some practitioners or office staff may mistake the audit notices for "junk mail."

"Optometrists are constantly bombarded with offers and warnings in offi-



**The AOA Advocacy Group urges optometrists and practice staff members to watch their mail carefully for Medicare CERT audit record requests that will arrive in brown window envelopes, not unlike those used for many more-routine notices or commercial mailings. The AOA Advocacy Group is concerned the record requests may be mistaken for "junk mail" in some practices.**

**Failure to promptly respond to the Medicare CERT record request letter will be grounds for claim denial and demand for repayment, according to the U.S. Centers for Medicare & Medicaid Services.**



cial-looking envelopes that are bogus," said Dr. Brownlow.

He urged practitioners to watch carefully for mail from the CMS CERT Operations Center marked "Medicare record request" and "Immediate Response Required."

Dr. Brownlow recommends optometrists check the return address on envelopes as means of determining if a mailing has actually come from the CMS.

"Checking to see if the return address specifically states that a mailing has come from the CMS can help sort the wheat from the chaff," Dr. Brownlow said. "Practitioners should pay special attention to everything they receive directly from CMS."

## CERT DMEPOS audit response

Optometrists who

receive requests for claims documentation under the CERT program should understand how to respond properly, the AOA Advocacy Group notes.

On receiving a record request as part of the new round of CERT DMEPOS audits, practitioners will be required to provide the specified documentation, along with a cover letter, within 30 days.

Failure to respond will result in the issuance of up to three follow-up request letters at 15-day intervals.

If the CERT DMEPOS Operations Center receives no response from the practitioner following the final letter, the claim referenced in the request will be denied and a demand letter will be issued, according to the CMS.

Responses must include:

*"It's important for optometrists to understand that if they do not respond, then their payment for the claim will be presumed improper and they will automatically be asked to return the reimbursement for the claim."*

Optometrists are among those who may receive requests for claims documentation under the CERT program, the AOA Advocacy Group notes.

Practitioners should always watch their mail carefully for CERT record requests and respond to any such requests promptly, the AOA Advocacy Group emphasizes.

Failure to respond promptly could result in claim denial and demand for repayment, the CMS warns.

The CERT audit program was implemented by U.S. Centers for Medicare & Medicaid Services (CMS) to determine specific billing error rates for the Medicare fee-for-service program and is designed to help achieve objectives outlined in the federal Improper Payments Elimination and Recovery Act of 2010 (IPERA).

Prior to the CERT program, the government estimated Medicare FFS billing error rates.

The audit program is intended to provide more accurate data including specific error rates for the various types of Medicare pay-

claims submitted to Medicare carriers, fiscal intermediaries, and DME-MACs.

Auditors will review the claims and associated medical records for compliance with Medicare coverage, coding, and billing rules.

Auditors have been instructed to consider any failure to provide medical records or other required documentation in response to an audit notice as a claim filing error, according to the CMS.

When an error is determined to have resulted in overpayment or underpayment, a payment adjustment will be made and a notice will be sent to health care practitioners or product suppliers, according to the CMS.

Authorized under the federal Improper Payment Information Act of 2002, the CERT audit program is designed to help ensure the financial integrity of the Medicare program by providing error rate data that can be used to improve claim submission, processing, and payment, as well as develop supplier education

See CERT, page 26



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## Important Safety Information

**Warnings and Precautions: Pigmentation:** Bimatoprost ophthalmic solution has been reported to cause changes to pigmented tissues: most frequently, increased pigmentation of the iris, eyelid, and eyelashes. Increases are expected as long as bimatoprost is administered. Iris color change may not be noticeable for several months to years. After discontinuation of bimatoprost, iris pigmentation is likely to be permanent, while eyelid and eyelash changes have been reported to be reversible in some patients. Patients should be informed of the possibility of increased pigmentation. The long-term effects of increased pigmentation are not known.

**Intraocular Inflammation:** LUMIGAN® 0.01% and 0.03% should be used with caution in patients with active intraocular inflammation (eg, uveitis) because the inflammation may be exacerbated.

**Macular Edema:** Macular edema, including cystoid macular edema, has been reported during treatment with bimatoprost ophthalmic solution. LUMIGAN® 0.01% and 0.03% should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

**Adverse Reactions:** In clinical studies with bimatoprost ophthalmic solutions (0.01% or 0.03%), the most common adverse event was conjunctival hyperemia (range 25%-45%). Approximately 0.5% to 3% of patients discontinued therapy due to conjunctival hyperemia with 0.01% or 0.03% bimatoprost ophthalmic solutions. Other common events (> 10%) included growth of eyelashes and ocular pruritus.

Please see brief prescribing information on adjacent page.

1. Medimedia Formulary Compass. March 2011.  
2. LUMIGAN® 0.01% and 0.03% Prescribing Information.

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(bimatoprost ophthalmic solution) 0.01%



Gene Green (D-Texas), the leading lawmakers urged their colleagues not to base any plan to fix the Medicare pay problem on the recent

MedPAC proposal, saying that the idea was both unwise and unworkable.

The bipartisan letter was signed by more than 100

members of Congress, many at the urging of the AOA, and pleaded for support for a long-term fix.

Now, after successfully

convincing Congress to avert a nearly 25 percent cut in 2011 and to delay further cuts scheduled for the beginning of this year, the AOA is once

again working with lawmakers to avert immediate cuts and develop plans to replace Medicare's flawed payment formula.

To help amplify the AOA's federal advocacy efforts, doctors and students are being asked to reach out to their U.S. senators and representatives by logging in to the AOA's Online Legislative Action Center at [www.aoa.org/x4821.xml](http://www.aoa.org/x4821.xml).

With massive Medicare cuts set to take effect in just a few short weeks, now is the time to tell elected leaders to fix the broken Medicare payment system once and for all and to work with the AOA to preserve seniors' access to the vision and eye health care they need and deserve.

AOA members with questions or concerns should contact the AOA Washington office at 800-365-2219 or by e-mail at [ImpactWashingtonDC@aoa.org](mailto:ImpactWashingtonDC@aoa.org).

## LUMIGAN® 0.01% AND 0.03% (bimatoprost ophthalmic solution)

### INDICATIONS AND USAGE

**LUMIGAN®** 0.01% and 0.03% (bimatoprost ophthalmic solution) is indicated for the reduction of elevated intraocular pressure in patients with open angle glaucoma or ocular hypertension.

### CONTRAINDICATIONS

None

### WARNINGS AND PRECAUTIONS

**Pigmentation:** Bimatoprost ophthalmic solution has been reported to cause changes to pigmented tissues. The most frequently reported changes have been increased pigmentation of the iris, periorbital tissue (eyelid), and eyelashes. Pigmentation is expected to increase as long as bimatoprost is administered. The pigmentation change is due to increased melanin content in the melanocytes rather than to an increase in the number of melanocytes. After discontinuation of bimatoprost, pigmentation of the iris is likely to be permanent, while pigmentation of the periorbital tissue and eyelash changes have been reported to be reversible in some patients. Patients who receive treatment should be informed of the possibility of increased pigmentation. The long-term effects of increased pigmentation are not known.

Iris color change may not be noticeable for several months to years. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery of the iris and the entire iris or parts of the iris become more brownish. Neither nevi nor freckles of the iris appear to be affected by treatment. While treatment with **LUMIGAN®** 0.01% and 0.03% (bimatoprost ophthalmic solution) can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

**Eyelash Changes:** **LUMIGAN®** 0.01% and 0.03% may gradually change eyelashes and vellus hair in the treated eye. These changes include increased length, thickness, and number of lashes. Eyelash changes are usually reversible upon discontinuation of treatment.

**Intraocular Inflammation:** **LUMIGAN®** 0.01% and 0.03% should be used with caution in patients with active intraocular inflammation (eg, uveitis) because the inflammation may be exacerbated.

**Macular Edema:** Macular edema, including cystoid macular edema, has been reported during treatment with bimatoprost ophthalmic solution. **LUMIGAN®** 0.01% and 0.03% should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

**Angle-closure, Inflammatory, or Neovascular Glaucoma:** **LUMIGAN®** 0.01% and 0.03% has not been evaluated for the treatment of angle-closure, inflammatory, or neovascular glaucoma.

**Bacterial Keratitis:** There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

**Use With Contact Lenses:** Contact lenses should be removed prior to instillation of **LUMIGAN®** 0.01% and 0.03% and may be reinserted 15 minutes following its administration.

### ADVERSE REACTIONS

**Clinical Studies Experience:** Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice.

In clinical studies with bimatoprost ophthalmic solutions (0.01% or 0.03%), the most common adverse event was conjunctival hyperemia (range 25%-45%). Approximately 0.5% to 3% of patients discontinued therapy due to conjunctival hyperemia with 0.01% or 0.03% bimatoprost ophthalmic solutions. Other common events (> 10%) included growth of eyelashes and ocular pruritus.

Additional ocular adverse events (reported in 1% to 10% of patients) with bimatoprost ophthalmic solutions included ocular dryness, visual disturbance, ocular burning, foreign body sensation, eye pain, pigmentation of the periorcular skin, blepharitis, cataract, superficial punctate keratitis, eyelid erythema, ocular irritation, eyelash darkening, eye discharge, tearing, photophobia, allergic conjunctivitis, asthenopia, increases in iris pigmentation, conjunctival edema, conjunctival hemorrhage, and abnormal hair growth. Intraocular inflammation, reported as iritis, was reported in less than 1% of patients.

Systemic adverse events reported in approximately 10% of patients with bimatoprost ophthalmic solutions were infections (primarily colds and upper respiratory tract infections). Other systemic adverse events (reported in 1% to 5% of patients) included headaches, abnormal liver function tests, and asthenia.

### USE IN SPECIFIC POPULATIONS

**Pregnancy:** Pregnancy Category C.

**Teratogenic effects:** In embryo/fetal developmental studies in pregnant mice and rats, abortion was observed at oral doses of bimatoprost that achieved at least 33 or 97 times, respectively, the maximum intended human exposure based on blood AUC levels.

At doses at least 41 times the maximum intended human exposure based on blood AUC levels, the gestation length was reduced in the dams, the incidence of dead fetuses, late resorptions, perinatal and postnatal pup mortality was increased, and pup body weights were reduced.

There are no adequate and well-controlled studies of **LUMIGAN®** 0.01% and 0.03% (bimatoprost ophthalmic solution) administration in pregnant women. Because animal reproductive studies are not always predictive of human response, **LUMIGAN®** should be administered during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** It is not known whether **LUMIGAN®** 0.01% and 0.03% is excreted in human milk, although in animal studies, bimatoprost has been shown to be excreted in breast milk. Because many drugs are excreted in human milk, caution should be exercised when **LUMIGAN®** is administered to a nursing woman.

**Pediatric Use:** Use in pediatric patients below the age of 16 years is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

**Geriatric Use:** No overall clinical differences in safety or effectiveness have been observed between elderly and other adult patients.

**Hepatic Impairment:** In patients with a history of liver disease or abnormal ALT, AST, and/or bilirubin at baseline, bimatoprost 0.03% had no adverse effect on liver function over 48 months.

### OVERDOSAGE

No information is available on overdosage in humans. If overdose with **LUMIGAN®** 0.01% and 0.03% (bimatoprost ophthalmic solution) occurs, treatment should be symptomatic.

In oral (by gavage) mouse and rat studies, doses up to 100 mg/kg/day did not produce any toxicity. This dose expressed as mg/m<sup>2</sup> is at least 70 times higher than the accidental dose of one bottle of **LUMIGAN®** 0.03% for a 10-kg child.

### NONCLINICAL TOXICOLOGY

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Bimatoprost was not carcinogenic in either mice or rats when administered by oral gavage at doses of up to 2 mg/kg/day and 1 mg/kg/day respectively (at least 192 and 291 times the recommended human exposure based on blood AUC levels respectively) for 104 weeks.

Bimatoprost was not mutagenic or clastogenic in the Ames test, in the mouse lymphoma test, or in the *in vivo* mouse micronucleus tests.

Bimatoprost did not impair fertility in male or female rats up to doses of 0.6 mg/kg/day (at least 103 times the recommended human exposure based on blood AUC levels).

### PATIENT COUNSELING INFORMATION

**Potential for Pigmentation:** Patients should be advised about the potential for increased brown pigmentation of the iris, which may be permanent. Patients should also be informed about the possibility of eyelid skin darkening, which may be reversible after discontinuation of **LUMIGAN®** 0.01% and 0.03% (bimatoprost ophthalmic solution).

**Potential for Eyelash Changes:** Patients should also be informed of the possibility of eyelash and vellus hair changes in the treated eye during treatment with **LUMIGAN®** 0.01% and 0.03%. These changes may result in a disparity between eyes in length, thickness, pigmentation, number of eyelashes or vellus hairs, and/or direction of eyelash growth. Eyelash changes are usually reversible upon discontinuation of treatment.

**Handling the Container:** Patients should be instructed to avoid allowing the tip of the dispensing container to contact the eye, surrounding structures, fingers, or any other surface in order to avoid contamination of the solution by common bacteria known to cause ocular infections. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

**When to Seek Physician Advice:** Patients should also be advised that if they develop an intercurrent ocular condition (e.g., trauma or infection), have ocular surgery, or develop any ocular reactions, particularly conjunctivitis and eyelid reactions, they should immediately seek their physician's advice concerning the continued use of **LUMIGAN®** 0.01% and 0.03%.

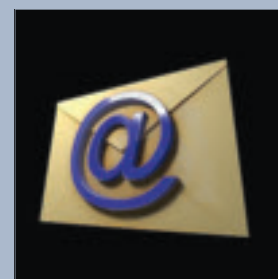
**Use with Contact Lenses:** Patients should be advised that **LUMIGAN®** 0.01% and 0.03% contains benzalkonium chloride, which may be absorbed by soft contact lenses. Contact lenses should be removed prior to instillation of **LUMIGAN®** and may be reinserted 15 minutes following its administration.

**Use with Other Ophthalmic Drugs:** If more than one topical ophthalmic drug is being used, the drugs should be administered at least five (5) minutes between applications.

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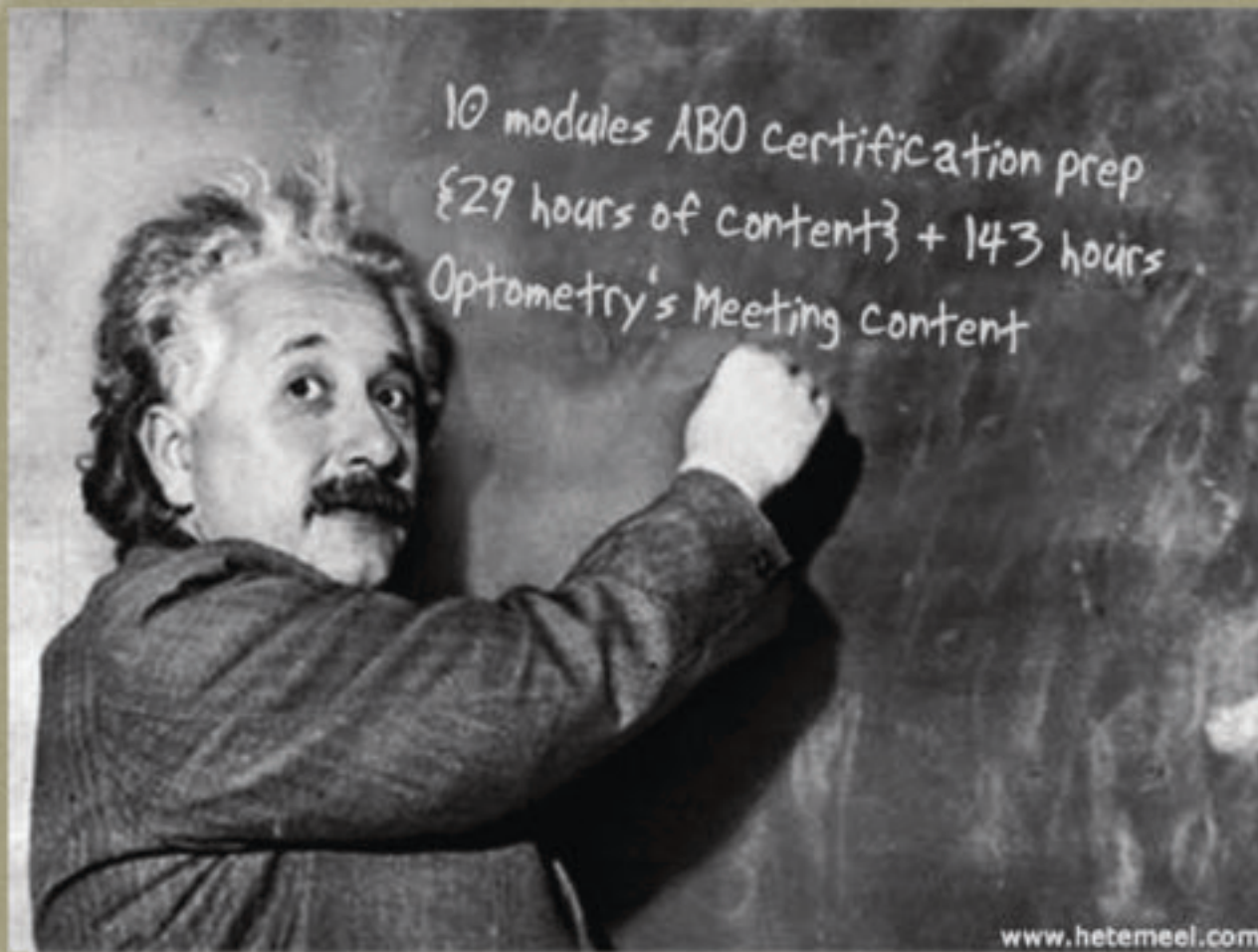
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## FROM THE AOA

# FDA provides update on LASIK QOL project status

The U.S. Food and Drug Administration provided an update on a three-part study of LASIK (*laser-assisted in situ keratomileusis*).

In October 2009, the FDA, the National Eye Institute, and the Department of Defense launched the LASIK Quality of Life (QOL) Collaboration Project.

This project examines patient-reported outcomes (PROs) following LASIK, a surgical procedure intended to reduce a person's dependence on glasses or contact lenses. A PRO is a report of a condition experienced by the patient and reported by the patient, not the health care provider.

Results from all three

phases of the project will help identify factors that can affect quality of life following a LASIK procedure and potentially reduce the risk of adverse effects that can impact the surgical outcome.

In the first portion of the project, researchers designed and developed a Web-based questionnaire to evaluate

patient-reported outcomes that could impact quality of life after LASIK surgery, some of which may be related to the safety of the lasers used in this procedure.

The second phase involves a clinical study called Patient-Reported Outcomes with LASIK (PROWL-1), where U.S. military personnel

electing LASIK will complete the questionnaire preoperatively (before surgery) and at one, three, and six months postoperatively. Enrollment for PROWL-1 is slated to begin within the next three months.

For more information, visit the FDA Web site Lasik page (<http://tinyurl.com/ye7eaaad>).



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## Codes for Optometry 2012 again offered as CD-ROM

Orders for the 2012 edition of Codes for Optometry – the AOA's comprehensive coding and billing manual for optometric practices – are now being accepted by the AOA Order Department.

For the third year, Codes for Optometry is being made available in a searchable CD-ROM format.

Together with the American Medical Association (AMA) Current Procedural Terminology (CPT) Standard Edition manual, AOA's Codes of Optometry 2012 provides all the information practitioners

and billing staff need to quickly select appropriate billing codes and accurately report services on insurance claims, according to the AOA Clinical and Practice Advancement Group.

Complete Coding for Optometry 2012 packages (Item ODE 13-ALL) with both the paper and new CD-ROM versions of Codes for Optometry 2012, as well as the CPT Standard Edition code book, are available through the AOA Order Department at the special AOA member price of \$165. Paper editions of Codes for Optometry 2012 and the

CPT Standard Edition (Item ODE13) can be ordered as a set for \$140.

Copies of the Codes for Optometry 2012 book (Item ODE 13-1), the CPT Standard Edition book (Item CPT), or the Codes for Optometry 2012 CD (Item ODE13-CD) can also be ordered individually for \$75 each.

Additional shipping charges and state or local taxes may apply.

Contact the AOA Order Department online at [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore) or by telephone at 800-262-2210.

## AOA Order Dept. features See Better, Play Better prints



"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

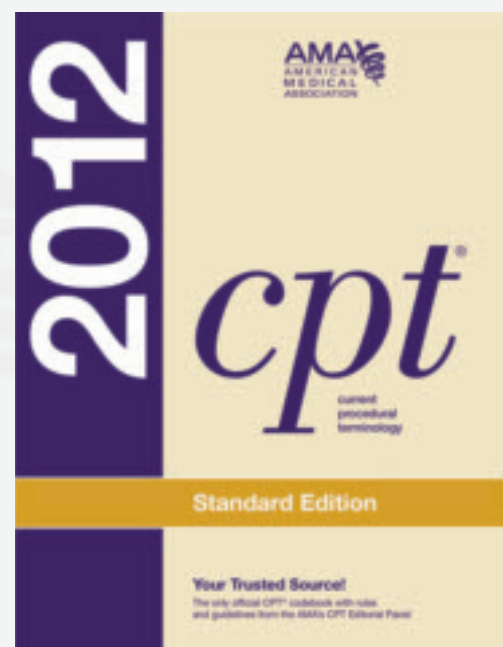
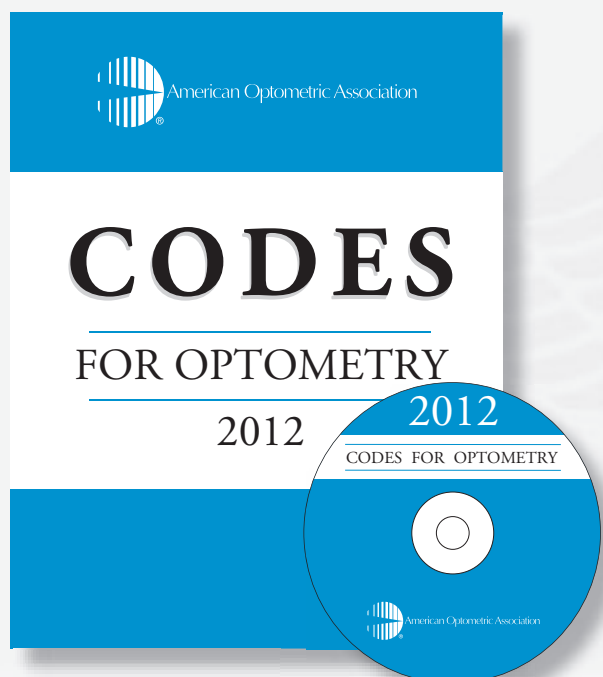
All prints come ready-to-hang with hardware included and no framing required.

Prints are \$89 for AOA members and \$133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise Web site ([www.aoabrandpromise.com](http://www.aoabrandpromise.com)).

To order call the AOA Order Department at 800-262-2210 or log onto [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore).

# NEW 2012 CODING BOOKS!



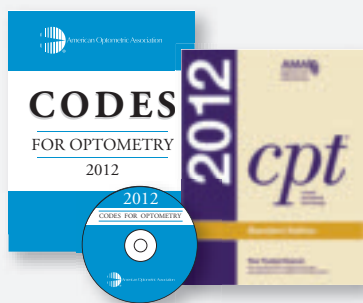
***“Electronic media are wonderful, but sometimes it’s good to be able to get answers right out of a book. AMA’s Current Procedural Terminology and AOA’s Codes for Optometry for just \$140 year? The biggest bargain in eye care!”***

***– Charles B. Brownlow, OD, AOA Coding and Medical Records Consultant***

## The two-book set includes:

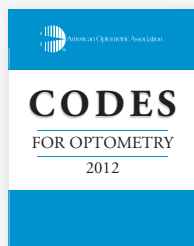
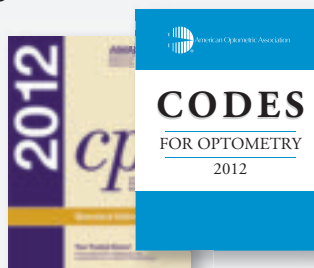
- Current Procedural Terminology
- ICD-9-CM – International Classification of Diseases (abridged for eye care)
- The CMS Documentation Guidelines for the Evaluation and Management Services
- The Healthcare Common Procedure Coding System

**\*\*ALL CRITICAL TO DOCTORS AND TO KEY STAFF ASSIGNED TO REVIEW PATIENTS’ MEDICAL RECORDS AND SUBMIT CLAIMS FOR SERVICES.\*\***



**Item# ODE13-ALL**  
(Both books plus CD of Codes for Optometry)  
Special Member Price \$165.00

**Item# ODE13**  
(set of both books)  
Special Member Price \$140.00



**Item# ODE13-1**  
(Codes for Optometry book only)  
Special Member Price \$75.00

**Item# ODE13-CD**  
(Codes for Optometry CD only)  
Special Member Price \$75.00



**Item# CPT**  
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# Online course addresses key contact lens questions

Contact lenses can represent a way to provide enhanced vision correction for many patients and growth for optometric practices, notes Louise Sclafani, O.D., an associate professor in the ophthalmology section of the University of Chicago's Department of Surgery and a past chair of the AOA Contact Lens and Cornea Section. Practitioners may have been reluctant to try new lens materials or designs due to the perceived increase in chair time needed when refitting patients and the concern about appropriate compensation.

The percentage of American vision care patients in contact lenses has remained relatively "flat" over much of the past three decades, despite numerous advancements in lens material and design, Dr. Sclafani observes.

"Contact lens dropouts" – patients dissatisfied with the vision quality, comfort, or care requirements for the lenses – are common.

Many practitioners find contact lenses too time-consuming and troublesome to fit.

The interest in the treatment of ocular disease has increased; however, many forget that these patients also would enjoy the benefits of healthy contact lens wear, Dr. Sclafani acknowledges.

Because significant advancements in contact lens design and the addition of many new contact lens materials in recent years have made contact lenses more comfortable and easy-to-

wear, have simplified fitting, and have provided for a broader range of patients, the problem may not be the lenses, Dr. Sclafani suggests.

Instead, she believes that many eye care practitioners need to be reminded of the basic rules of contact lens patient assessment, lens selection, and fitting.

For that reason, EyeLearn's™ new online Contact Lens Board Certification Review Course is intended to provide more than just a refresher class for optometrists who are preparing to take American Board of Optometry (ABO) board certification examinations, Dr. Sclafani said.

"The course provides, in a little less than three hours, many of the technical tools an optometrist needs to suc-

The electronic format allows them to pause at any point and return to the course later. They can immediately repeat a unit if they do not adequately understand the material covered.

Each unit comes with one or more self-assessment quizzes which appear periodically. Course handouts are provided on the Web site. Course takers can even follow the speaker word-for-word using course transcripts that are also provided on the site.

An opening overview of contact lens materials and designs is intended to help practitioners identify appropriate contact lens patients as well as select the best contact lens options for them, Dr. Sclafani said.

The module covers contact lens modalities, common contact lens-related definitions, and a process for assessing and comparing general groups of soft lens and gas permeable materials and basic information.

A second course module outlines in detail a method for selecting the best soft lens or gas permeable lens designs for a patient. The module explains the differences between soft sphere, soft toric, hybrid lens, and rigid lenses as well as fitting techniques.

A third module goes into great detail about the optics of contact lenses (e.g., power calculations and base curves).

The course's fourth module sets down a methodology for assessing, differentially diagnosing, treating and managing contact lens

*"The course provides, in a little less than three hours, many of the technical tools an optometrist needs to successfully develop a contact lens practice."*

cessfully develop a contact lens practice," Dr. Sclafani said.

"In many cases, greater awareness of some key contact lens concepts and methodologies may be all a practitioner needs to begin seeing satisfied contact lens patients in the office," she believes.

Like all EyeLearn™ courses, the Contact Lens Course is presented in a series of interactive learning modules that allow practitioners to log on and access the learning materials whenever they are ready.

## EyeLearn™ CL board certification review course

❖ User rating: 5 Stars (Excellent)

Part 1 - Contact Lens Materials/Design (28 min.)

Part 2 - Soft/Gas Permeable Fitting Techniques (51 min.)

Part 3 - Optics of Contact Lenses (e.g., power calculations and base curves) (53 min.)

Part 4 - Assessment, Differential Diagnosis, Treatment and Management Options for Contact Lens Related Complications (45 min.)

Part 5 - Indications and Contraindications of Corneal Topography (16 min.)

related complications including corneal neovascularization, superior limbic keratoconjunctivitis (SLK), contact lens-induced acute red eye (CLARE), contact lens inflammatory events, sterile peripheral ulcer, microbial keratitis, giant papillary conjunctivitis, superior epithelial arcuate lesions (SEALS), dimple veiling, lens adhesions, and 3-9 staining.

The course's fifth and final section details the indications and background of corneal topography for contact lens utilization.

In addition to interactive learning modules, practitioners can easily access supplemental resources such as AOA Optometric Clinical Practice Guidelines and articles from *Optometry: Journal of the American Optometric Association* as well as a range

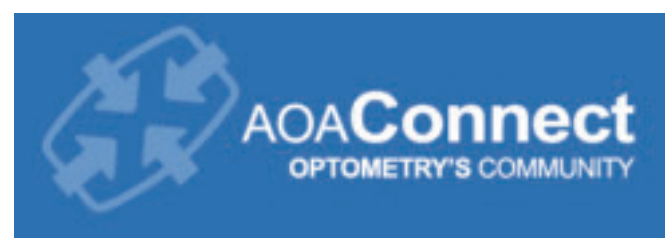
of pre-recorded audio or video lectures.

A Continuing Education (CE) Finder feature allows optometrists to find appropriate classroom continuing education programs on contact lenses and related subjects, offered by state optometric associations, regional optometric organizations, and the AOA.

The EyeLearn™ Contact Lens Course is designed to be appropriate for both optometrists and the contact lens staff in optometric practices, Dr. Sclafani said.

The EyeLearn™ online education portal is an exclusive AOA member benefit. AOA members can take courses and access materials free of charge.

The optometric education portal can be accessed at [www.aoa.org/eyelearn](http://www.aoa.org/eyelearn).



American Optometric Association



## What's all the tweeting about?



Here's a taste of what some in the optometric world are talking about on AOACConnect, Twitter and Facebook.

@VisionMonday tweeted: AOA Ophthalmic Web Tool Launches and Wins Two eHealthcare Leadership Awards <http://ow.ly/8h6vn> @AOAconnect #ophthalmic

@COA\_Vision tweeted: Test yourself with @AOAConnect's interactive "Parts of the Eye" diagram <http://bit.ly/Zzwuk>



@MyEyeDr tweeted: @AOAConnect Thanks for the RT! You guys are our favorite resource.

AOA posted on its Facebook page: January is National Glaucoma Awareness Month. Be sure to make an appointment with your optometrist for a comprehensive eye examination! A quick trip to your optometrist may not only be sight-saving but

potentially life-saving. Optometrists can evaluate the health of your eyes and clarity of vision and they can also detect chronic and systemic diseases such as glaucoma, diabetes and even hypertension.



The Georgia Optometric Association posted via AOA's Facebook page: Here's that @Georgia Optometric Association piece about what a comprehensive optometric vision exams means to one family. Eye Exam Catches Cancer in 3-Year-Old Girl [www.myfoxatlanta.com](http://www.myfoxatlanta.com). A metro Atlanta family says a comprehensive eye exam quite possibly saved their little girl's life, when it alerted them to a condition in her chest. The Georgia Optometric Association thanks Fox5 Atlanta for partnering with them to bring this story to the public's attention.

Bright Eyes Family Vision Care posted via AOA's Facebook page: If you have new tech toys in your life thanks to the holidays, read on for helpful tips! Computer Vision Syndrome for the holidays?

On AOACConnect: Connect, network and share with your colleagues at

<http://connect.aoa.org>! Sign in with your AOA member number or e-mail address (both will work) and your six-digit member ID (MMDDYY). Once you sign in, get acquainted with the platform by clicking "AOACConnect FAQs" under the "Help" tab. Learn more about navigating AOACConnect via an hour-long webinar (webinar link is under Announcements).



<http://dori20-20tour.org/>

## CERT, from page 19

- ❖ The physician order for the DMEPOS product cited in the request – in the case of eyeglasses, the prescription.
- ❖ The dispensing order for the product. (The respondent may indicate the order was verbal but must provide the beneficiary's name, ordering physician's name, and the date of the order.)
- ❖ Detailed written orders including a description of the item, the physician's signature (with date), the beneficiary's name, physician's name, date of the order, options or additional features, and ICD-9-CM diagnosis codes (as required by policy).

Health care practitioners can respond to the audit requests by faxing or mailing the requested claim documentation according to the instructions provided in the letter.

While the CMS would prefer faxed responses, practitioners can also mail paper copies of the required documentation or images of the documentation on CD-ROM

to the CERT Documentation Office at the address provided in the audit notice.

(Practitioners who opt for a CD-ROM should use a special bar-code page, included with that audit notice, as a cover sheet, according to the CMS.)

Health care practitioners who need additional time to comply with an audit notice can request an extension by calling the CERT Documentation Office at 888-779-7477 or 301-957-2380

The CERT DMEPOS Documentation Office can be contacted at 240-568-6222.

(The new CERT DMEPOS Operations Center is coordinating only audits regarding DMEPOS, the AOA Advocacy Group notes. Health care practitioners who receive audit requests regarding health care services should use contact information provided in those requests.)

For additional information, visit CERT page on the CMS Web site ([www.cms.gov/CERT](http://www.cms.gov/CERT)).



### Optthalmic Resources On-Demand

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# Mallinger, Vision West encourage support by ODs, industry

*Optometry Cares®—The AOA Foundation is beginning a series of Donor Spotlight articles in the AOA News. The focus of the Donor Spotlights will be to highlight donors who are committed to the foundation and its mission.*

*This is part 2 of the series on Joseph Mallinger, O.D., and Vision West, Inc.*

As a child, Dr. Mallinger was an intermittent esotrope with accompanying vertical phoria corrected with an ophthalmic prescription. This led him to the field of optometry as he “decided to study the art and science that helped me as a child.” He also went on to pursue his Master’s in Business Administration.

served on the foundation board.

“I see no better way to financially support the profession of optometry, honor the GREAT VISIONARIES OF OUR PROFESSION who were still giving back to optometry by their participation on the AOA Foundation Board, and to support the education of the students of optometry while helping bring attention to InfantSEE®. The many aspects of this donation and the scholarships supported by Vision West were and are extremely attractive.”

The AOA’s InfantSEE® program stands out in particular to Dr. Mallinger and Vision West.

“Exposing those in their training to be optometrists to just one of the many great

“As long as the AOA Foundation continues to support AOA programs like InfantSEE® I encourage others within the Vision West sector of the ophthalmic product industry to consider selecting an AOA Foundation program and step up to match or exceed the ongoing donation by Vision West,” he said.

Dr. Mallinger continues to be inspired by others who also give back.

“These volunteers – at every level within the profession are an inspiration to me and should be an inspiration to all who hold the title of OD. Without these volunteers, without the programs they conceptualize, without their leadership, and without the gift of their time and personal finances to the profes-



**Joseph Mallinger, O.D., places a donation box on a desk in the Vision West office.**

*The profession of optometry serves as a primary entry point into the health care system of the U.S., not just the eye health care sector of the U.S. health care system – optometry is on the front lines.*

Dr. Mallinger’s own daughter and niece followed in his footsteps.

“Being able to see my daughter, Jennifer Mallinger, O.D., and niece, Leah Mallinger, O.D., graduate from the Southern California College of Optometry stands out as a personal anecdote – WHY? Because I cried all day on both occasions! I had NO idea when I decided on optometry school that my daughter and the daughter of my brother, Rev. Peter Mallinger, would aspire to become eye health care providers!”

As an optometrist, Dr. Mallinger decided to support the AOA Foundation at the request of Richard Hopping, O.D., DOS, and Irving Bennett, O.D., who both

innovations coming from our profession is a pleasure,” he said. “What better way than having the eye health care providers of the future learn and write about such a great program? The InfantSEE® program can and should be the ‘core’ of how our profession makes its mark as TRUE HEALTH CARE PROVIDERS. The actual LIVES this program has saved are remarkable – to say nothing about those children who would fall prey to the loss of vision due to amblyopia and other refractive error anomalies.”

Vision West began the scholarship for the InfantSEE® program almost five years ago and indicates it intends to continue supporting it in the years ahead.

sion, I truly believe optometry would have fallen to the level of a second-class profession. Those practicing the art and science of this profession provide a level of the finest eye health care in the world. The profession of optometry serves as a primary entry point into the health care system of the U.S., not just the eye health care sector of the U.S. health care system – optometry is on the front lines. It is proven optometry, our profession, plays a significant role in the early diagnosis and treatment of diabetes and many other systemic diseases.”

Financial support is just as important as volunteering time, according to Dr. Mallinger.

“Why then is it important to financially support the AOA Foundation? The answer is above – without the support of the many, those volunteering their time and energy can conceptualize many plans to help the U.S. public – but NONE of those programs can and will be successful without the support of the many companies benefiting from our profession. The many ophthalmic lens manufacturing companies, the ophthalmic frame companies, the contact lens manufacturing and distribution companies, and the companies making the instrumentation now required to deliver the standard of care should, and I

would ask them to, take a better look at the very real benefits of the programs supported by the AOA Foundation. Once they do, I further challenge them to financially step up to supporting any of the programs supported by the AOA Foundation.”

Dr. Mallinger continued, “This support will be recognized by the many ODs who use their products and instruments! This recognition will bring further loyalty and increased use of their products. If the “bottom line” is to make money and at the same time make a difference within the very profession that uses your products and services – my advice is GIVE BACK!”





## PRACTICE ADVANCEMENT

[www.aoa.org/PracticeAdvancement](http://www.aoa.org/PracticeAdvancement)

# Expert offers tips on buying into a practice

By Sam Quintero, O.D.,  
AOA Practice Advancement  
Committee member

**B**uying an existing practice can be one of the most rewarding decisions for advancing one's career path in optometry. There are many more advantages than disadvantages in buying into a practice: one can anticipate the income and operating expenses of the existing practice, there is higher income potential, and the

staff is already familiar with existing practice operating systems, the established location and an active patient base. The greatest benefit comes from immediate equity ownership and financial and estate planning opportunities for the future.

The disadvantages of buying into a practice are not insurmountable, but the following are considerations to examine: potential patient attrition (though it should be minor), updating equipment for new business systems,

clinical care instrumentation, developing relationships with existing staff, and perhaps retraining the staff to new operational systems. And one of the more important hurdles will be transferring provider panels of which the existing doctor (seller) is a member and that may not be easily transferred.

A practitioner buying into an existing practice will also discover that the obsta-

See *Buying*, page 40



### AOA Webinar Series A FREE Member-Only Benefit

#### Final Update of 2012 Changes:

##### Medicare, ICD-9, CPT

The November and December webinars provided all the information available at that time they were presented. The January webinar will again touch on much of the important information from those webinars as well as any updates or changes that came to light after the final webinar of 2011.

Speaker: Chuck Brownlow, O.D.

Tuesday, January 17, 11a.m. CST

##### Payer Audits: The Role of Patient Care and Medical Records

Speaker: Chuck Brownlow, O.D.

Tuesday, February 14, 11a.m. CST

Tuesday, February 28, 11a.m. CST

#### Register Today!

[www.aoa.org/WebinarSeries](http://www.aoa.org/WebinarSeries)

[www.aoa.org/ArchivedWebinars](http://www.aoa.org/ArchivedWebinars)

## AOA Member Advantage

### Ophthalmic Resources on Demand makes meaningful use of patient education

Numerous studies have shown the link between engaged, actively educated patients and better health outcomes. It is clear that engaged patients are more likely to adhere to medications, keep appointments, and take an active role in their care. Offering patients educational resources and things like product coupons directly increases their satisfaction, which is also good for your business. As an optometrist accountable for both the results of the patient and your practice, what can you do to provide meaningful education and support that drives positive results?

One thing you can easily do is to use the free AOA Ophthalmic Resources On-Demand tool to quickly reference pharmaceutical product information and access patient education as part of your daily work flow. This tool allows you to search by product, manufacturer, or disease state to find relevant resources to find what you want. Resources can be immediately viewed, printed or emailed right from your computer, mobile phone, or iPad.

The following two scenarios demonstrate

meaningful use of your AOA Member Advantage benefit - free access to Ophthalmic Resources On-Demand, which includes resources for most commercially available pharmaceutical products.

#### Scenario 1: Medication Adherence

You diagnosed a patient with glaucoma, explain the disease state and mention the medication you prescribed. The patient asks, "How does that drug work?" You then point to your laptop computer while you access Ophthalmic Resources On-Demand from the home page of the AOA Web site. You then show the patient an explanatory video and digital brochure that supports how the medication works and why it is important to take it daily as directed. The patient asks, "Can I get a copy of that?" "Absolutely," you say, "What is your email address?" You then submit their email and the material you just viewed with them has now been emailed to the patient within a fully HIPAA compliant system. The next time this patient visits, she says she reviewed the video again at home, showed her daughter and printed the

brochure. She is a compliant patient that adheres to her treatment plan. This patient experience and positive adherence outcome was supported by integrating AOA Ophthalmic Resources On-Demand into your daily work flow.

#### Scenario 2: Patient Satisfaction = Practice Growth

The same patient returns for another follow-up visit. As you renew her prescription, she asks for a coupon. You quickly access a coupon from Ophthalmic Resources On-Demand. This patient is so satisfied with your care and level of service, that she refers a friend. Weeks later, your patient's friend shows up for his first visit to your office. After seeing him, your office staff uses Ophthalmic Resources On-Demand to find him a patient assistance program that helps pay for his medication.

You can see how your practice and the patient can derive meaningful benefits from the free AOA Ophthalmic Resources On-Demand service. Try it out from the AOA Web site or enter [www.AOA.org/OROD](http://www.AOA.org/OROD) into your browser.



[www.aoa.org/MemberAdvantage](http://www.aoa.org/MemberAdvantage)

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton  
(Malpractice Insurance)

AOA Coding Today

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EyeCarePro

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## MEDICAL RECORDS & CODING

# 'Ask the Codeheads'

### Time for 2012 coding changes, Medicare update

Edited by Chuck Brownlow, O.D., Medical Records consultant

2012 is here and a new year always brings Medicare changes, new ICD-9 codes, and new procedure codes. Sometimes a new year also means the end for codes we've used for many years. Some of the insurance companies may not recognize and adopt the changes on Jan. 1, but all providers should be aware of and implement the changes as soon as they are in effect. Most of the changes were technically in effect on Oct. 1, and all should be implemented by now.

### Rules for medical records

Let's review the rules for choosing codes and submitting claims. First, there is only one official source for codes for office visits and procedures: Current Procedural Terminology (CPT). CPT is owned and copyrighted by the American Medical Association. The copyright essentially means that no CPT code should be used to describe a service unless the medical record of that service matches all the components of its definition in CPT. The codes should be chosen based purely upon what was done for the patient during the visit and therefore what was recorded in the patient's record.

Second, International Classification of Diseases, ninth edition (ICD-9) is the only official source for the codes used to report the diagnosis or diagnoses that are germane to each visit or procedure. HIPAA rules require that all providers and all insurers use CPT and ICD-9. This requirement is intended to create standard "language" to be used in creating and considering claims. If all

payers and providers know and apply these resources, it may be possible to eliminate disagreements as to whether a claim accurately reflects the care that was provided for a patient.

Sadly, many providers apparently are not accurately applying the rules and details of these references; just as sadly, neither are many insurers. The result can be long, stressful, expensive audits.

codes; 365.00, preglaucoma, unspecified, and 365.01, open-angle with borderline findings, low risk, open angle, low risk. The description of code 365.02, anatomical narrow angle, now includes new language, "primary angle-closure suspect." ICD-9 has also added two additional glaucoma codes, 365.05, open-angle with borderline findings, open-angle, high risk, and 365.06, pri-

*A new set of codes for reporting the 'stage' of the disease must be reported in addition to the appropriate glaucoma diagnosis code.*

### CPT and ICD-9 changes, 2012

#### CPT changes

Code 92070, fitting of contact lens for treatment of disease, has been deleted. It has been replaced by two new codes: 92071, fitting of contact lens for treatment of ocular disease, and 92072, fitting of contact lens for management of keratoconus, initial fitting. Each of these codes is unilateral, billed once for each eye, and each is for the professional services only. The lens should be reported separately, using the V codes or 99070.

Code 92120, tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method, has been deleted.

Code 92130, tonography with water provocation, has also been deleted.

#### ICD-9 changes

There have been changes in codes for use prior to the definitive diagnosis of glaucoma. Code 365.0, borderline glaucoma, has been joined by two new

mary angle closure without glaucoma damage.

In addition to those changes, CPT has added a whole new set of codes to report the stage of each patient's glaucoma. These are:

- ❖ 365.70 Glaucoma stage unspecified, glaucoma stage NOS
- ❖ 365.71 Mild-stage glaucoma/early-stage glaucoma
- ❖ 365.72 Moderate-stage glaucoma
- ❖ 365.73 Severe-stage glaucoma, advanced-stage glaucoma, end-stage glaucoma, and
- ❖ 365.74 Indeterminate-stage glaucoma

The glaucoma "stage codes" are reported only when glaucoma has been diagnosed, using codes 365.10-365.13, 365.20-365.23, 365.31, 365.52, and 365.62-365.65. Stage codes are not reported with any of the codes related to glaucoma suspects, 365.00-365.06. Determination of the stage of each patient's glaucoma is left to the judgment of the

## AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ AOA.org/Coding features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
  - ❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
  - ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
  - ❖ AOACONnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing ([connect.aoa.org](http://connect.aoa.org)).
  - ❖ AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously \$349). CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
  - ❖ AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading CPT Data & Information Service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the practitioner's ZIP code. AOA.ReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
  - ❖ Codes for Optometry is provided by the AOA's Order Department for \$135. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2010 is the first year that Codes for Optometry became available on a CD in a searchable format.
- AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. The AOA is excited to bring this expertise directly to members' offices as a value-added member benefit. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.

See Codeheads, page 36





# Trading places: cross-training can improve function

The office opens in a half hour, the appointment schedule is filled to the max, and two employees have called in sick. This could be an office manager's nightmare, or an opportunity for staff to unite and utilize all their abilities. Office managers need to prepare for times when planned or unexpected "under staffing" may occur.

Cross-training is the practice of training employees to perform tasks and duties outside of their regular roles. The goal of cross-training is to enable staff to "step in and step up" in a variety of functions when the need arises. Utilizing the flexibility

and versatility of cross-training when staff is on vacation, calls in sick, unexpectedly quits, or leaves for their lunch break is good practice management.

There are immediate and long-term benefits of cross-training for the practice, staff, and patients. It is a win-win situation for everyone.

### Benefits of cross-training to the practice

- ❖ Fosters a team-oriented environment and encourages collaboration when staff shares their knowledge with each other
- ❖ Improves productivity by keeping staff current with many job positions
- ❖ Alleviates the need to

hire temporary or part-time staff

- ❖ Builds "intellectual capital" by combining the experience and knowledge of staff.

### Benefits of cross-training for staff

- ❖ Improves individual efficiency by allowing staff to take a new look at their job responsibilities. They can analyze them with a "fresh pair of eyes" to assess if any changes for improvements are needed or processes streamlined
- ❖ Heightens morale when staff is able to break out of their normal routine and perform tasks that break monotony, even if only for a short time

- ❖ Relationships are built and strengthened when staff is allowed to "walk in someone else's shoes." They will gain an appreciation for what others do and have a better understanding of how their roles work interdependently.
- ❖ Promotes new skills and valuable, diversified work experience
- ❖ Discovers leadership skills by unearthing individual talents and interests that may not have been apparent in current roles.

### Benefits of cross-training for patients

- ❖ Does not interrupt patient services. Tasks have continuity, services are performed in a timely manner, down time is reduced, and patient satisfaction is not compromised.
- ❖ Keeps staff on the same page when there is an increased standardization of policies and procedures. Staff will improve consistency in how services are delivered and the quality of care given to patients.

- ❖ What are the positions that staff will be cross-trained to perform? Choose the easiest positions first.
- ❖ Who will the trainers be? Are they capable? Not everyone is a good instructor.
- ❖ Who will the trainees be? Choose those who demonstrate the desire to learn.
- ❖ When will the training take place? It's best to train during slow times. Make sure to allow sufficient time for learning and avoid rushing.

It is important to communicate to staff the benefits of cross-training. Present cross-training as a learning opportunity and career booster. Explain how staff will be more valuable to the practice by increasing their skills and knowledge. Encourage input and feedback from them.

After staff has been cross-trained, encourage them to share their stories about the process. Have them report on any staff observations and learning challenges. This will help build stronger teams and improve the understanding and appreciation for all the jobs among the staff.

Cross-training gives staff a clearer view of the "big picture" rather than just a small piece of it.

Staff will be able to quickly adapt to the needs of the practice when situations arise.

They will be better equipped to respond without a noticeable drop in service.

If cross-training has not been a part of the practice's strategic plan, ask why not? Even if it is started very slowly, practitioners will soon reap the benefits of having well-rounded staff ready to "trade places" to keep things running smoothly.

The AOA Paraoptometric Section offers education materials that will assist practices in cross-training staff.

Contact [PS@aoa.org](mailto:PS@aoa.org) for more information.

## AOA Paraoptometric Section offers CPO review course for certification examination

While your office has purchased the Certified Paraoptometric (CPO) study guide and flash cards, your paraoptometric staff have studied hard and feel they

CPO Review Course Education Module to help relieve some of the worry associated with taking the certified paraoptometric examination.

Paraoptometrics may

designed in an easy-to-use automated, audio PowerPoint format, guiding candidates through 114 slides of review information.

Successfully passing the quiz at the end of the presentation can earn one hour of continuing education (CE) credit. (A \$10 processing fee applies for PS members for CE credit/\$25 for non-members.) The CPO Review Course offers the ability for repeated access for reviewing the material prior to the exam in the convenience of home or office, day or night.

Running time is approximately one hour with "start and stop" features that enable viewing individual slides for any length of time.

To order a copy of the CPO Review Course or find out about the new CPO "bundle," visit [www.aoa.org/Documents/paraoptometric/Product-Guide-and-Order-Form.pdf](http://www.aoa.org/Documents/paraoptometric/Product-Guide-and-Order-Form.pdf).

### Developing a cross-training plan

Management should carefully develop a plan with specific goals in mind. There are many details to take into consideration before getting staff involved in the cross-training plan.

Make sure the plan includes sufficient time for cross-training. Determine when and where the training will be conducted. Evaluate how much of the annual budget should be used toward cross-training to ensure a good return on the investment.

Additional questions to be answered for a comprehensive plan include:

- ❖ Will staff be paid extra for taking on new duties?
- ❖ Who will pay for any necessary outside training—staff or the practice?

*The CD-ROM is designed in an easy-to-use automated, audio PowerPoint format, guiding candidates through 114 slides of review information.*

have a grip on the material covered on the CPO certification examination, it's normal for them to feel nervous and anxious before taking a test. Most everyone does. A touch of nervous anticipation can be beneficial to help keep one at peak performance while taking the examination.

The AOA Paraoptometric Section (PS) developed the

now use the CPO Review Course as a final tool to help prepare to sit for the CPO certification examination.

After learning the information presented in the CPO Study Guide and CPO Study Flash Cards, paraoptometrics may use this resource to gain confidence in reviewing acquired knowledge.

The CD-ROM is



SHOWCASE  
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# Friends & Family Referrals, Visually Simple

## Your Choice of 4 Customized Designs



To Promote "Word of Mouth" Practice Growth

24"x 30" Ready to Display Canvas Artwork Kits



FF-1



FF-2



FF-3

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Each Branded Practice Growth Kit Features:

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  - 1 Display Easel
- takes less than 3 sq. ft. of floor space
- Member Price, only \$299 plus shipping



FF-4

Promoting Your Friends & Family Referrals is as easy as 1-2-3

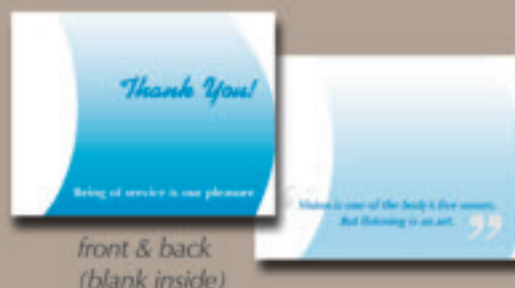
- 1 Display your customized canvas in a highly visible location
- 2 Keep your referral card holder fully stocked
- 3 Mail a Thank You card with more Friends & Family referral cards for each new patient response



front & back

Referral Cards  
(included with each kit)

Thank You Cards  
(sold separately)



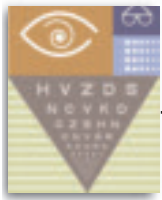
front & back  
(blank inside)

Start Building Your Practice Growth Collection Today!

Call the AOA Marketplace at 800-262-2210, visit [www.aoapracticegrowth.com](http://www.aoapracticegrowth.com) or scan this QR Code with your mobile phone.







## SPOTLIGHT ON AOA MEMBERS

# Haffner's idea for large-print programs strike a chord with concertgoers

The Orchestra of St. Luke's (OSL) has long enjoyed reputation as one of the nation's top chamber orchestras. With 55 of the world's most respected musicians, the N.Y.-based OSL has premiered more than 100 orchestral and chamber works by major composers, released over 70 recordings, and won four Grammy Awards. The orchestra regularly collaborates with artists ranging from Yo-Yo Ma to Elton John.

One of the orchestra's

unexpected hits of the current season has been not a concerto or a new recording but large-print programs – which will now be provided by the OSL to all concert attendees, beginning with this year's St. Luke's Chamber Ensemble performances at New York's Brooklyn Museum and The Morgan Library & Museum.

OSL is not the first orchestra to offer large-print programs for attendees, acknowledges Sacha Evans, OSL's external communica-

tions manager. However, given the enthusiastic response among audiences, they may become more common in other concert halls around the nation, she said.

The large-print program has proven popular not only with older concertgoers who may have age-related vision problems but also with younger classical music lovers, according to retired State University of New York State College of Optometry President Alden Haffner, O.D., Ph.D., who suggested them last summer after joining OSL's board of directors.

"Even for younger people with good vision, the print traditionally used in symphony programs may be too small to comfortably read, particularly in the dim lighting of a concert hall," said Dr. Haffner. "Many people will consult the program, not just before a performance, but during a concert," he noted.

A regular at OSL concerts, Dr. Haffner proposed the large-print programs last year after being asked by another concert attendee for help in reading the seat number on a ticket. Given her trouble in seeing the seat number, Dr. Haffner asked the woman if she was able to read the concert program. "No," she said. "I take it home and have my neighbor read it to me the next day."

Dr. Haffner quickly convinced the OSL board to offer a limited number of large-print programs on a trial basis at a late summer concert to see if older people with vision problems would use them.

"The experiment was unsuccessful," Dr. Haffner jokes. All of the large-print copies were quickly snapped up by audience members of all ages, leaving many older attendees with the small-print editions.

Shortly after this experiment OSL President and

Executive Director Katy Clark decided the orchestra would begin making large-print programs available to all of its audience members.

Producing OSL's large-print programs basically involves doubling the page

are full of grey hairs with many struggling to read the programs."

With cultural organizations across the nation now cutting back their budgets, many might welcome funding from a local optometrist to

*Optometrists could play a role in making other orchestras and arts institutions around the nation aware of the benefits of large-print programs.*

size from 5.5-inch by 8.5-inch to 8.5-inch by 11-inch and increasing the text size from 9-point type to 12-point.

OSL's large-print editions are about twice as expensive as the regular programs, Dr. Haffner acknowledges, but it is well worth the extra cost.

The large-print programs of other arts organizations may vary widely in their cost and format, OSL staff notes.

Optometrists could play a role in making other orchestras and arts institutions around the nation aware of the benefits of large-print programs, Dr. Haffner suggests.

"Sponsorship of large-print cultural affairs programs might be a great practice builder," notes practice management author and lecturer Irving J. Bennett, O.D. "I know from personal experience that attendees at the Sarasota Orchestra and Sarasota Opera performances

help underwrite the cost of programs, Dr. Haffner adds.

An optometrist need not serve on the board of an orchestra or arts institution to suggest the use of large-print programs, Dr. Haffner said. However, practitioners may wish to consider service on such boards anyway.

In many cases, practitioners may be able to offer valuable business expertise, he suggests.

While he had previously served on the boards of a number of academic institutions, public health entities, or optometric organizations, Dr. Haffner acknowledges he had never served on the board of a cultural organization until being invited to join the OSL board last year.

"However, I would never join such a board for self-serving purposes," Dr. Haffner emphasizes. "The objective must be to support the arts."

## Haine joins EMRlogic

EMRlogic Systems announced the addition of Charles L. Haine, O.D., to its team of subject matter experts. Haine retired recently from an eminent academic career, the last chapter of which was his role as associate dean of Clinical Affairs and Professor of Optometry at the College of Optometry, Western University of Health Sciences in Pomona, Calif.

Dr. Haine now joins EMRlogic as director of Connected Care, working primarily in conjunction with James E. Grue, O.D., vice president of Clinical Outcomes and Connected Care.

"We were delighted with Dr. Haine's interest in working with us," said Alistair Jackson, EMRlogic VP Marketing & Business Development. "Chuck had worked extensively with our team in overseeing the implementation of activEHR™ at Western. As one of the early adopters of our new EHRs, he knew the challenges of this revolutionary approach but also saw its potential to make a significant difference for the eye care profession."

"There's no question in my mind that EMRlogic is setting a whole new bar for eye care EHRs with activEHR™ Charts," continued Haine. "The knowledgebase approach is different from anything else I've seen in our industry. I believe in this product and I want to be part of the effort that brings it to the marketplace in a big way, particularly among our academic institutions."

Over the past five years, EMRlogic has developed a knowledgebase-driven approach to EHRs, one that surpasses traditional droplist-driven EMRs.

"We believe that health care reform and pay-for-performance reimbursement are driving new standards of care altogether and that advanced modern software technologies must replace legacy approaches," remarked Jackson. "What we've done with activEHR™ Charts is revolutionary for eye care. Dr. Haine will help us establish it as a must-see solution for institutions and businesses seeking to be the eye care leaders in their respective fields and regions."

## Editor's note

AOA News is highlighting the admirable charitable work, exceptional patient care and unique contributions that distinguish members of the American Optometric Association.

Got a story to share?

Drop a line to [TLOverton@aoa.org](mailto:TLOverton@aoa.org).



## VRS releases 2012 schedule for course on 'AMD A to Z'

The evaluation, management and treatment of age-related macular degeneration (AMD) has changed significantly in the past several years. With continued changes expected, the AOA Vision Rehabilitation (VRS) course titled "AMD A to Z" will provide the practitioner with the latest information concerning the genetics of AMD; diagnostic testing for AMD; medical, surgical, nutraceutical and vision rehabilitation treatment modalities available to preserve and enhance visual functioning for individuals with AMD or those at risk for developing this condition.

The educational course objectives include:

- ❖ Review current and anticipated benefits of nutraceutical intervention to both improve visual functioning and prevent vision loss from AMD.
- ❖ Review how risk factors can be assessed for AMD.
- ❖ Review current and anticipated medical and surgical interventions for AMD.
- ❖ Understand the most commonly prescribed vision rehabilitation treatment options for AMD.

States interested in having the "AMD A to Z" course presented at association meetings can contact Melissa Flower at 800-365-2219, ext. 4136 or [mlflower@aoa.org](mailto:mlflower@aoa.org).

### Wyoming

Friday, Feb. 3 from 10:30 a.m. to 12:30 a.m.  
Lander, Wyoming  
AOA VRS Presenter: David Lewerenz, O.D.

### Louisiana

Saturday, Feb. 11 from 10 a.m. to noon  
Embassy Suites, Baton Rouge, LA  
AOA VRS Presenter: Dawn DeCarlo, OD

### Armed Forces Optometric Society

Wednesday, Feb. 29 from 8 a.m. to 10 a.m.  
Westin Peach Tree Plaza, Atlanta, Ga.  
AOA VRS Presenter: Dawn DeCarlo, O.D.

### Montana

Wednesday through Saturday May 2-5, time: TBD  
Red Lion Colonial Hotel, Helena, Mont.  
AOA VRS Presenter: TBD

### Walmart

Monday May 7, time TBD  
Dallas, Texas  
AOA VRS Presenter: David Lewerenz, O.D.

### Pennsylvania

Saturday, May 19 from 1:30 p.m. to 3:30 p.m.  
Bedford Springs Resort, Bedford, Pa.  
AOA VRS Presenter: David Lewerenz, O.D.

### South Carolina

Friday through Saturday, Aug. 24-25, time: TBD  
Myrtle Beach, S.C.  
AOA VRS Presenter: Dawn DeCarlo, O.D.

### New Jersey

Saturday Sept. 22, from 8 a.m. to 10 p.m.  
Sheraton Atlantic City Hotel and Convention Center, Atlantic City, N.J.  
AOA VRS Presenter: David Lewerenz, O.D.

For additional information contact Melissa Flower- at [MLFlower@aoa.org](mailto:MLFlower@aoa.org). The schedule and presenters are subject to change.

## AOA order department introduces friends and family referral kits

"Friends & Family Referrals, Visually Simple" is a turn-key solution that promotes "Word of Mouth" practice growth, with canvas artwork kits being offered by the AOA Order Department. Featuring your choice of four customized designs, learn how easy it is to distribute more referral cards with less time. Each branded kit includes: eye-catching 24" x 30" canvas artwork with your logo, 1,000 referral cards with holder and small footprint display easel. With a member price of only \$299 (plus shipping and tax where applicable), your practice growth kits will provide an excellent return on investment, by stimulating new referrals on a consistent basis. To professionally build success on success, affordable thank you cards are also available. Stated simply, mailing personalized thank you cards, with more referral cards, is a low-cost and proven practice builder.

Friends & Family designs can be viewed on the AOA's Practice Growth Web site at [www.aoa.practicegrowth.com](http://www.aoa.practicegrowth.com).

To order, call the AOA Marketplace at 800-262-2210 or log into [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore).



### 2012 SCHEDULE

**MONTANA OPTOMETRIC ASSOCIATION**  
2012 ANNUAL MEETING  
RED LION COLONIAL HOTEL  
HELENA, MT  
SPEAKERS: TBD

MT

MAY 2 - 5, 2012  
DAY/TIME TBD

**UTAH OPTOMETRIC ASSOCIATION**  
2012 ANNUAL CONVENTION  
ZERMATT RESORT, MIDWAY, UTAH  
SPEAKERS: TBD

UT

JUNE 7 - 10, 2012  
DAY TBD  
2PM - 6PM

**VIRGINIA OPTOMETRIC ASSOCIATION**  
MID-ATLANTIC CE CONFERENCE  
WILLIAMSBURG, VA  
SPEAKERS: TBD

VA

JUNE 23, 2012  
1PM - 5PM

**OREGON OPTOMETRIC ASSOCIATION**  
2012 SUMMER CE EVENT  
SKAMANIA LODGE, WA  
SPEAKERS: TBD

OR

JULY 20 - 21, 2012  
DAY TBD  
8AM - 5PM

**SOUTH CAROLINA OPTOMETRIC ASSOCIATION**  
105<sup>TH</sup> SCOPA ANNUAL MEETING  
MYRTLE BEACH, SC  
SPEAKER: STEVEN BECKERMAN, OD

SC

AUGUST 23, 2012  
2:15 - 4:15PM  
AUGUST 24, 2012  
8 - 10AM

**SOUTHWEST COUNCIL OF OPTOMETRY (SWCO)**  
DALLAS INTERCONTINENTAL HOTEL  
DALLAS, TX  
SPEAKERS: TBD

TX

SEPTEMBER 15, 2012  
8 - 10AM  
10:30-12:30PM

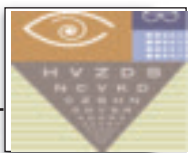
**MISSISSIPPI OPTOMETRIC ASSOCIATION**  
FALL CE CONFERENCE  
JACKSON, MS  
SPEAKERS: TBD

MS

NOVEMBER 2012  
DAY/TIME TBD

YOU MAY CONTACT ALISA KREWET AT [AKKREWET@AOA.ORG](mailto:AKKREWET@AOA.ORG) FOR ADDITIONAL INFORMATION ON THIS COURSE.





# Paraoptometric Section introduces Freeform course

As lens designs and the manufacturing processes improve, keeping up with the latest technologies can be daunting. Although freeform technology has been out for some time, evaluating the options on the market today can be confusing. The AOA Paraoptometric Section's newest education module, *Introduction to Freeform®*, is designed to outline elements in lens design and manufacture, as well as review the fitting and verification techniques, and how to best position and present designs to personalize patient's visual needs.

As paraoptometric staff proceed through this education module, they will be better equipped to explain

Freeform® has been developed through an education grant from Shamir to educate paraoptometric staff on this tech-

Running time is approximately one hour and allows unlimited access to learning from home or the office.

each for members, \$50 for AOA OD members, and \$70 each for non-members and include an option to test for continuing education credits for a minimum processing fee.

Successful completion of the test is worth one credit hour.

To order a copy for your office, download an order form at <http://www.aoa.org/documents/paraoptometric/Product-Guide-and-Order-Form.pdf>.

Orders can also be made by calling 800-365-2219, ext. 4108.

*Introduction to Freeform®, is designed to outline elements in lens design and manufacture, as well as review the fitting and verification techniques, and how to best position and present designs to personalize patients' visual needs.*

what Freeform technology is, identify necessary measurements, present the Freeform option to appropriate patients, and verify the lenses.

Introduction to

nology.

The CD-ROM is designed in an easy-to-use, automated, audio PowerPoint format guiding paraoptometric staff through this education module.

Introduction to Freeform® is just one of 10 education modules available on various topics.

These modules are \$45

## CLCS welcomes submissions for student-resident photo contest

Students and residents are invited to submit an outstanding digital image (clinical, abstract, action, etc.) paired with a brief case report that involves contact lenses and anterior segment topics.

Students and residents may submit more than one entry!

The overall winner will receive a \$1,500 travel grant to attend Optometry's Meeting®; a trophy with the student's name engraved along with their school's name to be displayed proudly (the trophy will travel each year to the school of the overall winner); an AOA gallery print (20" X 24") canvas of the winning image.

Runners-up will each receive a \$1,000 travel grant to attend Optometry's Meeting® and an AOA gallery print (20" X 24") canvas of their image.

Photo topics may include:

- ❖ Care and Compliance in Contact Lens Success
- ❖ Contemporary Management of Ocular Surface Disease
- ❖ Contemporary Management of Astigmatism
- ❖ Contact Lens Problem-

Solving Beyond Oxygen

❖ Most Challenging Contact Lens Case

Criteria and rules include:

- ❖ Must be a CLCS member.
- ❖ Meet submission deadline of March 17, 2012.
- ❖ Photos must be in digital format (TIFF or JPEG) and complement the case report description of 500 to 1,000 words.
- ❖ Include submitter's name on digital image file
- ❖ Include full name, address, phone number, e-mail address, and school on cover page of case report.
- ❖ Submissions must include

a patient release form for permission to use photos

❖ Winners must attend Optometry's Meeting® CLCS function to receive travel grant (CLCS function will be determined in May).

❖ Winners must provide W-9 (or W-8 international) to receive travel grant

❖ Submitted photos become the property of the AOA CLCS.

Contact Alisa Krewet for more information on this contest by e-mail at [AGKrewet@aoa.org](mailto:AGKrewet@aoa.org) or by phone at 314-983-4137. Visit [www.aoa.org/clcs.xml](http://www.aoa.org/clcs.xml) for more info.

## Attention students!

As an active AOSA member, your AOA member benefits are top of the line!

Take advantage of your FREE resources available with one click of the mouse:

<http://www.aoa.org/x4782.xml>

- ❖ AOA Contact Lens & Cornea Section
- ❖ AOA Sports Vision Section
- ❖ AOA Vision Rehabilitation Section



## Paraoptometric Section seeks community service nominees

The Paraoptometric Section of the AOA is seeking nominations for the 2012 Community Service Award. The award is given to the paraoptometric who demonstrates a commitment to helping improve his or her community and a dedication to the profession of paraoptometry.

The recipient will receive:

- ❖ A plaque of recognition
- ❖ A \$100 personal cash award
- ❖ A \$100 award to the charity of the recipient's choice

The recipient will receive the award at the Paraoptometric Section Awards Luncheon on June 28, 2012, during the 115th Annual AOA Congress & 42th Annual AOSA Conference: Optometry's Meeting® in Chicago, Ill.

The AOA Paraoptometric Section Awards Luncheon is sponsored by Alcon.

Download a nomination form at [www.aoa.org/Documents/paraoptometric/Community%20Service%20Nomination%20Form%202012.pdf](http://www.aoa.org/Documents/paraoptometric/Community%20Service%20Nomination%20Form%202012.pdf).

Completed nomination forms should be submitted via e-mail with attachments to [PS@aoa.org](mailto:PS@aoa.org).

## Buying, from page 28

cles of a new start-up are obviated, and burdens such as securing financial support (loans), identifying a desirable location, leasing space, hiring staff, purchasing inventory, equipment, office furnishings, computers and business software systems, opening accounts with vendors, arranging for utilities, and building a patient base are all substantially eliminated by the very existence of an ongoing enterprise.

There are numerous variables of a practice to consider, both internal and external, that affect the feasibility, desirability, and ultimate value of a practice. The value of a practice is closely aligned with its prominence in the local market and the practice reputation, and, consequently, that makes it more likely that a buyer will pay a higher price.

Government and managed care regulations affecting provider reimbursement will have an impact on practice value and the opportunity for transferability of man-

aged care plan participation. More efficient and updated office operations and computer systems should enhance the value of the business.

Newer instrumentation and updated lease hold improvements that yield a turn-key operation will also add to the value and facilitate the transfer to a new owner.

While all of these factors affect purchase feasibility, no other factor affects purchase feasibility more than cash flow after expenses – the net operating income.

The purchaser of an existing practice, unlike the practitioner in a new start-up, must perform a different type of due diligence.

The purchaser must adequately evaluate the potential worth and the fair market value of an ongoing enterprise and determine the practice's financial stability to see if it can support the lifestyle needs of the new owner, generate sufficient revenue to retire the debt

load associated with the terms of the loan, and also demonstrate additional revenue for long-term financial and estate planning considerations.

In the final analysis, a practice is only worth what someone is willing to pay for it and is able to afford. Therefore, both the buyer and seller must weigh practice value relative to lifestyle considerations. Knowing how much income is required to satisfy the lifestyle of the buyer and how much the practice nets can easily provide insights regarding affordability of buying into a practice.

Visit [www.aoa.org/PracticeTransitions](http://www.aoa.org/PracticeTransitions) for more information on buying and selling a practice.

## Codeheads, from page 30

doctor. For guidance, AOA members can refer to the Quick Reference Guide, Care of the Patient with Open Angle Glaucoma, Table 1. The guide can be found on the AOA Web site at <http://www.aoa.org/documents/QRG-9.pdf> for viewing and for download.

The AOA provides a wealth of information regarding CPT and ICD coding through the AOA Web site, [www.aoa.org](http://www.aoa.org). Please refer to the sidebar on page 30 for a partial listing of all the resources available through the AOA.

## Medicare fee schedule

A very large decrease in Medicare fees (20 to 25 per-

cent) was scheduled to take effect in 2012 without action by Congress to temper the reductions. Congress can affect the Medicare reimbursements by raising or lowering the "conversion factor," which is multiplied by the "relative value" for each service to determine the fee for that service. The relative values for common eye care procedures did not change for 2012, so any increase or decrease in the conversion factor will transfer directly to Medicare's allowed charge for each service.

Medicare patients' annual deductible has decreased from \$162 in 2011 to \$140 for 2012.

If you are confused or have any questions about the CPT and ICD changes for 2012, or other issues related to Medicare, other insurers, or record-keeping in general, submit your questions to [ask-thecodingexperts@aoa.org](mailto:ask-thecodingexperts@aoa.org). We'll do our best to provide answers for you within two business days.

Happy New Year!



**Patients. Brought to you by the AOA.**  
Whether it's advocating for inclusion in government programs, convincing insurers and employers to open doors, or educating the public about comprehensive eye care, the AOA works to help you keep appointment books full and office phones ringing. [www.aoa.org](http://www.aoa.org)





# Forging New Paths

## Thanks to the 2011 Corporate Sponsors

The AOA fosters an environment of innovation and creates value for members each day. Yet forging the path to new collaborations in 3-D vision, expanding Web offerings and improving infrastructure would not be possible without the support of corporations.

While there are many companies in the ophthalmic field, we hope you take note of those active in ensuring a bright future for the profession of optometry at the AOA. With their help, the past year was great in terms of patient access, organizational innovation and ensuring members are on the path to success.

AOA thanks these corporations for their willingness to help support the well being of the optometric profession and better eye and vision care for patients across the nation.

### Diamond-Level Sponsors (\$350,000 & Up)



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### Silver-Level Sponsors (\$50,000 - \$99,000)



### Bronze-Level Sponsors (\$10,000 - \$49,000)

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Marchon Eyewear  
Optos  
Shamir  
TLC Vision Corporation  
Transitions Optical  
VisionWeb

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.**

## AOA Ophthalmic Council™ key to year's success

Each year we reflect on achievements and celebrate progress. Yet our strongest industry supporters, the Ophthalmic Council™, are the key to this success year after year. We sincerely appreciate all that they do for the profession of optometry and the AOA.

In 2012, we will continue to foster an environment of innovation and work to create value for you, our members. Expanded resources and tools are essential to success in practice and help ensure you are able to provide quality care to patients in offices across the nation. With the support of these companies, the AOA is able to provide breakthrough education and services for you.

"The Ophthalmic Council™ is extremely valuable to the profession because of the interactions with industry leaders, and has become a vehicle for industry and the Optometric profession to work together to benefit the patients that we both serve every day," said Howard J. Braverman, O.D., chair of the AOA Ophthalmic Council™.

The Ophthalmic Council™ was created in 1998 as a way to facilitate this vital communication. Serving as an informal avenue for industry leaders to share ideas, the council assists the AOA in thriving and succeeding in optometry.

A firm's participation in the Ophthalmic Council™ begins with sponsorship support of projects or programs—either with a single sponsorship or collective support in several areas—as well as a demonstrated consistency with the AOA's goals and practices.

"Recognizing those companies at the top tier of support of organized optometry, the council ensures an ongoing dialogue that benefits the profession and industry," Dr. Braverman said.

Remember the Ophthalmic Council™'s vital contributions to the profession as you plan for your own success in the new year.



## Shamir introduces overhaul of site

Shamir announces the launch of its all-new Web site, which went live in November. The completely revamped site was updated with a whole new look and layout to ensure information is easier to locate and access.

Shamir's new Web site has been designed to match its branding and for easy navigation. Product information is easily available to locate for patients, eye care professionals and labs, by now being located in one central location.

The site contains background information about the company and features an events calendar.

In its ongoing effort to educate both doctors and consumers, Shamir provides a Vision 101 section and optical glossary on the new site. It includes a comprehensive selection of optical information from the basics of How Eyes Work to the Eyes Over 40 section, which explains presbyopia and the eventual need for progressive lenses. It also includes a section on How to Choose Your Lenses and How Lenses are Made, so virtually any questions regarding vision or progressive lenses can be answered through the site.

Visitors can download press releases, videos and

images through the new media section. There is also a search area, where patients can locate eye care professionals in their area, and eye care professionals can search for labs in their area.

Shamir's ECP Search feature also indicates whether a practice has been through Shamir's Freeform® Certification Program to learn about the benefits of Freeform® lenses.

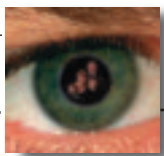
"The new site is truly extensive – we have designed it to fulfill the needs of anyone searching for optical information. The new Web site helps labs, doctors and even patients easily find all the information they need regarding the most advanced technological lens solutions available to the marketplace. We are continually looking for ways we can improve the information available to the market and we are proud to have accomplished this goal with the launch of this new Web site," said Matt Lytle, vice president of sales and marketing.

The site URL remains the same and interested parties can explore the new site by visiting [www.shamirlens.com](http://www.shamirlens.com). For more information or questions regarding Shamir's Web site, contact Shamir's Sales and Client Services department at 877-514-8330.



**Emporio Armani celebrates its 30th anniversary with a capsule eyewear collection. Iconic silhouettes are revisited with a touch of irony, producing transparent, lightweight and incisive results. For more information, visit [www.safilo.com](http://www.safilo.com).**





# 'Healthy Vision' radio blog offers advice on night driving

**W**hen you are behind the wheel of a car, your eyes are constantly on the move – looking at vehicles ahead and to the side, reading road traffic signs, checking your rear view mirrors, and shifting your gaze inside and outside your vehicle in order to check the speedometer, look at your global navigation system, or change a radio station.

During darkness these tasks can become even more difficult for some drivers. On the new edition of *Healthy Vision™* with Dr. Val Jones, two experts join Dr. Val to talk about what happens to your eyes in the dark and how you can take better care of your eyes – and your car – to improve your nighttime driving.

Nearly one of every three drivers on the road (32 percent) say they have difficulty seeing all or most of the time while driving in the dark, according to a nationwide survey of 515 vision-corrected Americans age 18 and over.

More than one-fourth (26 percent) report that they have trouble seeing signs or exits; one-fifth (20 percent) acknowledge difficulty seeing animals or pedestrians, and more than one in five (22 percent) report problems judging distance while driving in the dark.

"Low light levels cause an eye's pupil to dilate, which can accentuate existing focusing problems and result in blurred vision," said Cristina Schneider, O.D., senior direc-

tor, Medical Affairs for Vistakon® Division of Johnson & Johnson Vision Care, Inc. She advises listeners not to drive with an uncorrected or under-corrected vision problem. "When you don't see as well, you have to get closer or drive slower, and if you don't account for that need for extra time or distance, then you are putting yourself and others at risk for accidents and close calls."

Free podcasts of *Healthy Vision™* with Dr. Val Jones can be found in the iTunes® Store or on [www.blogtalkradio.com/healthyvision](http://www.blogtalkradio.com/healthyvision) and on <http://getbetterhealth.com/healthyvision>.

A link to the show also can be found at [www.acuvue.com/healthyvision](http://www.acuvue.com/healthyvision).

# Katzen adds new dimension to research site network

**K**atzen Eye Group, the largest private eye care practice in Maryland, has partnered with RxTrials, Inc., to provide clinical research study support in ophthalmology and optometry.

With 18 clinical providers, Katzen Eye Group serves an active and varied patient population of 180,000, for indications that include cataract surgery, retina, glaucoma, refractive surgery, and dry eye, as well as routine eye and contact lens care.

"We have the ideal population to help advance eye care," said Richard C. Edlow, O.D., Katzen Eye Group's chief executive officer. "Our electronic medical records system is optimized to enable us to identify and contact appropriate potential study subjects. We are very pleased to partner with RxTrials, who

in our opinion, has the expertise and experience we need to do research right."

Katzen Eye Group is equipped to conduct clinical research studies, with comprehensive testing and diagnostic capabilities and essential equipment in all three locations. Past research experience includes studies in macular edema, age-related macular degeneration, retinal detachment, and implants, among others. All 11 principal investigators are trained in clinical study practice, human subject protections, and federal compliance standards.

"As we look to grow our network of partner sites strategically, we seek sites that can adhere to our high standards for quality, professionalism and ethics," said Adam Chasse, RxTrials' vice president of corporate development. "Katzen Eye Group

is a high quality addition to our network and enables us to enhance our therapeutic capabilities in ophthalmology and optometry."

RxTrials, Inc., is a network of premier clinical research sites and parent company of RxTrials Institute, a leading national clinical research consultant and education provider. Since 1994, RxTrials has conducted more than 1,000 studies in a wide range of therapeutic areas. RxTrials Institute each year presents the Site Solutions Summit, a top networking and business management conference for clinical research sites, sponsors and CROs. For more, visit [www.sitesolutionsummit.com](http://www.sitesolutionsummit.com).

For more information about Katzen, visit [www.katzeneye.com](http://www.katzeneye.com) or [www.facebook.com/Katzeneye](http://www.facebook.com/Katzeneye) group.

## B+L acquires Waicon

Bausch + Lomb announced it has acquired 100 percent of the outstanding shares of Laboratorio Pförtner Corneal SACIF, the controlling entity of Waicon. Waicon is the Argentinean market leader in contact lenses and lens care products.

As a result of this combination, Bausch + Lomb will be the leading eye health company in Argentina. The Pförtner family will continue to operate their retail chain of optical shops under the brand name "Pförtner" and as an independent company, unrelated to Bausch + Lomb.

While Bausch + Lomb plans to combine Waicon with its Vision Care operations in Argentina, the businesses will continue to operate separately as the companies proceed through the integration process.

For the time being, Carina Tarzia will continue as Argentina Country manager for Bausch + Lomb, and Maximo Pförtner will continue as the general manager of the Waicon business.

Tomás Pförtner, founder of Waicon and a globally recognized opinion leader in the eye health field, will serve as special scientific adviser to Bausch + Lomb. Pförtner's retail division will continue to operate as an independent company unrelated to Bausch + Lomb.

"Waicon is an excellent strategic fit for Bausch + Lomb, with complementary offerings, a long-standing and trusted brand, a rich heritage and a shared commitment to customer service," said Mariano Garcia-Valino, executive vice president and president, Bausch + Lomb Latin America. "Together, we will create the most innovative and comprehensive eye health portfolio in Argentina, offering eye care professionals and patients unprecedented choice when it comes to meeting their needs."

With broad channel coverage and direct distribution capabilities, Waicon will deepen Bausch + Lomb's customer access and accelerate its business expansion in this growing market.

Likewise, by investing in innovative new technologies, Bausch + Lomb will maximize the value of Waicon's existing products, while unlocking a pipeline of new products for the Argentinean market, the company said.

"The combination of our businesses offers new opportunities for Waicon and those who use our products, to benefit from Bausch + Lomb's innovation, breadth of eye health offerings and global scale," said Tomás Pförtner. "We are proud to be combining our strong business with Bausch + Lomb."

"Bausch + Lomb is committed to growth and innovation in Latin America, and together with Waicon, we will continue to deliver excellent products and bring innovative, industry-changing eye health solutions to market," said Sheila Hopkins, global president, Vision Care, Bausch + Lomb.

The terms of the agreement were not disclosed.



## MEETINGS

### January

ILLINOIS OPTOMETRIC ASSOCIATION  
WINTER CE  
January 22, 2012  
Hyatt Regency O'Hare  
Rosemont, IL  
www.ioaweb.org

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
2012 ISLAND EYES CONFERENCE  
January 22-28, 2012  
Hilton Waikoloa Village  
Hawaii Island, Hawaii  
Jeanne Oliver  
503/352-2740  
Jeanne@pacificu.edu  
www.pacificu.edu/optometry/ce

TROPICAL CE  
January 28-February 4, 2012  
Belize  
www.tropicalce.com  
sautry@tropicalce.com

VIRGINIA OPTOMETRIC ASSOCIATION  
1 DAY CE CONFERENCE  
January 29, 2012  
Richmond Marriott  
Glen Allen, VA  
Bruce Keeney  
804/643-0309  
www.thevoa.org

### February

MICHIGAN OPTOMETRIC ASSOCIATION  
WINTER SEMINAR  
February 1-2, 2012  
Kellogg Hotel & Conference Center,  
East Lansing, MI  
Amy Possavino  
517/482-0616  
FAX: 517/482-1611  
amy@themoa.org  
www.themoa.org

DELAWARE OPTOMETRIC ASSOCIATION  
WINTER THAW CONTINUING EDUCATION AND ANNUAL MEETING  
February 4, 2012  
Embassy Suites  
654 S. College Ave.  
Newark, DE  
Troy Raber  
TRaberOD@aol.com

MAYO CLINIC SCHOOL OF CONTINUOUS PROFESSIONAL DEVELOPMENT  
Retina Cases with Fluorescein Angiography and Imaging (Retina CFAN)  
February 6-10, 2012  
The Villas at Simpson Bay Resort, St. Maarten  
cme@mayo.edu  
www.mayo.edu/cme/  
ophthalmology2012r796

INDIANA OPTOMETRIC ASSOCIATION  
WINTER SEMINAR  
February 8, 2012  
Ritz Charles Conference Center  
Carmel, IN (Indianapolis)  
Bridget Sims  
317/237-3560  
blsims@ioa.org  
www.ioa.org

ILLINOIS OPTOMETRIC ASSOCIATION  
WINTER CE  
February 12, 2012  
Oak Lawn Hilton  
Oak Lawn, IL  
www.ioaweb.org

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Southern Caribbean aboard the Caribbean Princess  
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Round-trip Ft. Lauderdale  
aeacruises@aol.com  
888-638-6009

HEART OF AMERICA CONTACT LENS SOCIETY  
Contact Lens and Primary Care Congress  
February 17-19, 2012  
Hyatt Regency-Crown Center,  
Kansas City, MO  
Dr. Steve Smith  
918/341-8211  
registration@hoacsls.org  
www.hoacsls.org

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February 17-27, 2012

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Round-trip Ft. Lauderdale  
aeacruises@aol.com  
888-638-6009

SKIVISION 2012  
February 18-22, 2012  
Snowmass Village, CO  
888-SKI-2530 or 888-754-2530  
questions@SkiVision.com  
www.skivision.com

TROPICAL CE  
February 18-25, 2012  
St. Thomas  
www.tropicalce.com  
sautry@tropicalce.com

SAN DIEGO SPECIALTY CONTACT LENS SYMPOSIUM  
February 24-26, 2012  
Manchester Grand Hyatt  
San Diego, CA  
619/663-8439  
Nancyjo@sdcos.org  
www.specialtycontactlens.org

ILLINOIS OPTOMETRIC ASSOCIATION  
WINTER CE  
February 26, 2012  
The Chateau  
Bloomington, IL  
www.ioaweb.org

SECO INTERNATIONAL 2012  
February 29-March 4, 2012  
Georgia World Congress Center,  
Atlanta, GA  
770/451-8206, ext. 13  
bfripp@secostaff.com  
www.seco2012.com

### March

MONTANA OPTOMETRIC ASSOCIATION  
MOA 2012 BIG SKY CONFERENCE  
March 1-3, 2012  
Huntley Lodge, Big Sky, MT  
406/443-1160  
sweingartner@rmsmanagement.com  
www.mteyes.com

AEA CRUISES OPTOMETRIC CRUISE SEMINAR  
ILLINOIS OPTOMETRIC ASSN.  
ALUMNI CRUISE  
March 3-10, 2012  
Western Caribbean aboard the Crown Princess  
Round-trip Ft. Lauderdale  
aeacruises@aol.com  
888-638-6009

26TH ANNUAL EYE SKI CONFERENCE  
March 4-9, 2012  
Park City, UT  
tandbkime@buckeye-express.com  
www.eyeskiutah.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION  
CALIFORNIA REGIONAL VISION THERAPISTS FORUM  
March 9-10, 2012  
Crowne Plaza Hotel, San Diego, CA

## Save the date!



JUNE 27 - JULY 1, 2012  
**CHICAGO**

Lyna Dyson, COVT  
visionhlp@juno.com  
888/233-9527

25TH ANNUAL SVOS OCULAR SYMPOSIUM  
March 11, 2012  
Sacramento Marriott Rancho  
Cordova Hotel, Rancho Cordova, CA  
916/447-0270  
jerrysue@svos.info  
www.svos.info

SOUTH CAROLINA OPTOMETRIC PHYSICIANS ASSOCIATION  
SCOPA 2012 SPRING MEETING  
March 16-18, 2012  
Westin Resort and Spa  
Hilton Head Island, SC  
Jackie Rivers/Anna Straub  
877-799-6721  
info@sceyedoctors.com  
www.sceyedoctors.com

THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY  
BINOCULAR VISION & PEDIATRICS FORUM  
March 23, 2012  
The Ohio State University  
Columbus, OH  
Marjean Taylor Kulp, O.D.  
614/688-3336  
Kulp.6@osu.edu  
http://optometry.osu.edu/CE/BVPforum.cfm

6TH ANNUAL CONFERENCE ON COMPREHENSIVE EYECARE  
March 31-April 1, 2012  
Sheraton Hotel, Niagara Falls, NY  
www.psseyecare.com

### April

SOUTH DAKOTA OPTOMETRIC SOCIETY  
SPRING CONVENTION & ANNUAL MEETING  
April 12-13, 2012  
Cedar Shore Resort, Oacoma, SD  
Deb Mortenson, Exec. Dir.  
605/224-8199  
Deb.mortenson@pie.midco.net  
www.sdeyes.org

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS  
ANNUAL SPRING CONGRESS  
April 13-14, 2012  
Embassy Suites and Convention Center, Norman, OK  
Heatherlyn Burton

405/524-1075  
FAX: 405/524-1077  
heatherlyn@oaop.org

MIAMI DADE OPTOMETRIC PHYSICIANS ASSOCIATION (MDOPA)  
17TH ANNUAL MIAMI NICE EDUCATIONAL SYMPOSIUM  
April 14-15, 2012  
Westin Colonnade  
Coral Gables, FL  
Stephen Morris  
305/668-7700  
stephenamorris@bellsouth.net  
For reservations call Shirley McGovern, 305/569-6549/  
www.psseyecare.com

WEST FLORIDA OPTOMETRIC ASSOCIATION  
BOARD CERTIFICATION PREP COURSE  
April 20-22, 2012  
Sandestin Hilton Beach Resort  
850/279-4361  
opttom@hotmail.com  
www.wfoameeting.com

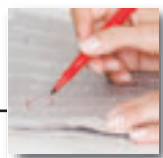
PINELLAS OPTOMETRIC ASSOCIATION  
20TH ANNUAL SUNCOAST SEMINAR  
April 21-22, 2012  
Hyatt Regency Clearwater Beach Resort & Spa  
Clearwater, FL  
Dr. Bruce Cochran  
727/446-8186

NJ CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY  
April 25-29, 2012  
Kingston Plantation, Myrtle Beach, SC  
Dennis Lyons  
732/920-0110  
Dhl2020@aol.com

2012 ANNUAL SPRING CONVENTION  
ARKANSAS OPTOMETRIC ASSOCIATION  
April 26-29, 2012  
The Peabody, Little Rock, Arkansas  
Misty Engler, Membership Director  
501/661-7675  
FAX: 501/372-0233  
misty@arkansasoptometric.org  
www.arkansasoptometric.org

**To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.**





## SHOWCASE



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Danville, IL

Lexington VAMC, Lexington, KY

##### Ocular Disease

IU School of Optometry, Bloomington, IN

Bennett & Bloom Eye Centers, KY

Huntington VAMC, Huntington, WV

University of Kentucky Dept. of  
Ophthalmology and Visual Sciences  
Lexington, KY

##### Refractive and Ocular Surgery

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Email: [lubopt@indiana.edu](mailto:lubopt@indiana.edu)

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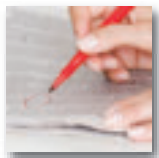
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## AEA Optometric Cruise Seminars 2012

**Southern Caribbean Explorer**, 2/12-2/19/12, 7 days, Caribbean Princess®.  
San Juan, St. Maarten, St. Lucia, Grenada, Bonaire, Aruba, San Juan.  
From \$584pp - Valentine's Day - Speaker: Barry Eiden, OD

**Western Caribbean**, 2/12-2/19/12, 7 days, Royal Caribbean Allure of the Seas®. The World's largest  
cruise ship! Ft. Lauderdale; Labadee, Haiti; Falmouth, Jamaica; Cozumel, Mexico; Ft. Lauderdale.  
From \$985pp - Valentine's Day - Speaker: Louise Sclafani, OD

**Panama Canal**, 2/17-2/27/12, 10 days, Island Princess®. Ft. Lauderdale, Aruba, Cartagena,  
Panama Canal, Colon, Limon, Grand Cayman, Ft. Lauderdale.  
From \$ 1099pp - President's Day - Speaker: Blair Lonsberry, OD

**Alaska - Inside Passage**, 7/1-7/8/12, 7 days, Star Princess®. Seattle, Ketchikan, Tracy Arm Fjord,  
Juneau, Skagway, Victoria, Seattle. From \$899pp. - 4th of July - Speakers: Kelly Nichols, OD  
& Jason Nichols, OD

**Scandinavia & Russia**, 7/17-7/28/12, 11 days, Emerald Princess®. Copenhagen, Oslo, Aarhus,  
Berlin, Tallinn, St. Petersburg, Helsinki, Stockholm, Copenhagen. From \$1740pp.

**The Enchanting Rhine River Cruise**, 8/9-8/16/12, 7 days, AMA Waterways Amacello®. Basel,  
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## CLASSIFIEDS

### Professional Opportunities

**ST. LOUIS, MO - FULL TIME OPTOMETRIST** Full time Optometrist needed for private practice in St. Louis county. Highly progressive, full scope eye care with state of the art equipment. Great salary and benefits package. Please forward CV and inquire via e-mail to: [jjwachter@gmail.com](mailto:jjwachter@gmail.com)

**Optometrist Wanted** Privately owned multi-location optometric practice has openings for full-time optometrists in our Augusta and Bangor, ME locations. Established practice with state of the art equipment, certified support staff, and EMR. Offering excellent compensation package. Send c.v. to: Paul Wheeler, Chief Operating Officer, Smart EyeCare Center, 255 Western Avenue, Augusta, ME 04330. [pwheeler@smarteyecare.com](mailto:pwheeler@smarteyecare.com)

### Practice for Sale

**Washington State.** Long established practice grossing \$600,000 on 4.5 days/week, 40% Net. Highly desirable and accessible Island in North Puget Sound. Fully integrated EMR. **North Carolina.** This premier practice has exhibited consistent growth over the past few years, with gross receipts of \$1,750,000 in 2010. Beautiful, spacious offices with state-of-the-art equipment. **Florida-Northwest.** Grossing \$490,000 annually on 4 OD days/week. Long established primary care practice also providing medically oriented care and co-management. Well-trained staff. Located in an economically stable region. **Kentucky - Southeast.** Established over 20 years, grossing \$620,000+ annually on only 3 OD days/week. Full scope optometry care including medical eye care. High Net. **Texas- Dallas-Fort Worth.** Coming soon! Premier practice grossing \$900,000 + **100% Financing Available.** 800-416-2055 [www.TransitionConsultants.com](http://www.TransitionConsultants.com)

### Miscellaneous

**For Sale:** Optical Dynamics Corp Q2100 Lens Molder and supplies. \$5,000. Please call 785-493-8816.

**I NEED FRAMES,** temples, bridges stamped 1/10th 12Kg.f. (GOLD FILLED). New, old stock, or Used. Full, Semi, or Rimless styles. Paying over \$500/lb. Contact GF Specialties, Ltd. 800/351/6926. [WWW.GFSPECIALTIES.COM](http://WWW.GFSPECIALTIES.COM)

**Hands-on Clinical Training in Vision Therapy** is available from OEP for you and your staff at four US sites. Call now for information. 800 447 0370.

### VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

**All items may be shipped directly to:**  
VOSH INTERNATIONAL

C/O VOSH-SE

3701 SE 66th St

Ocala, Florida 34480

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [dpvc@juno.com](mailto:dpvc@juno.com) and/or [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

### Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches = \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at [t.peppers@elsevier.com](mailto:t.peppers@elsevier.com) attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.





More people are  
sleeping in their contact lenses  
than you think.

Nearly 1 in 5.<sup>1\*\*</sup>

**For those people, choose the next best thing to not sleeping in lenses—  
AIR OPTIX® NIGHT & DAY® AQUA contact lenses.**

- FDA-approved for up to 30 nights of continuous wear<sup>†</sup>
- #1 ECP-recommended brand for patients who sleep overnight in their contact lenses<sup>2</sup>
- Delivers the highest oxygen transmissibility\* through the lens of any available soft contact lens<sup>3</sup>

The AIR OPTIX® family of lenses—meeting a full range  
of practitioners' and patient needs



Sustained overall comfort  
and vision through a  
month of wear<sup>4††</sup>

Coverage you need  
to satisfy nearly every  
astigmatic patient<sup>5‡</sup>

The preferred choice among  
eye care practitioners for their  
presbyopic patients<sup>6,7</sup>



\*AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. Other factors may impact eye health. \*\*N=2987. †Not everyone can wear lenses for a full 30 nights.

††Based on subjective ratings. ‡Among astigmatic patients with 0.75 to 2.75D cylinder.

**Important information for AIR OPTIX® AQUA (lotrafilcon B), AIR OPTIX® AQUA MULTIFOCAL (lotrafilcon B) and AIR OPTIX® for ASTIGMATISM (lotrafilcon B) contact lenses:** For daily wear or extended wear up to 6 nights for near/far-sightedness, presbyopia and/or astigmatism. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

**Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses:** AIR OPTIX® NIGHT & DAY® AQUA contact lenses are indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. Relevant Warnings: A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. Relevant Precautions: Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. Side Effects: In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. Contraindications: Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). Additional Information: Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge from CIBA VISION at (800) 241-5999 or mycibavision.com.

**References:** 1. CIBA VISION data on file, 2009. 2. In a survey of 589 optometrists in the U.S.; CIBA VISION data on file, 2009. 3. Based on the ratio of lens oxygen transmissibilities; CIBA VISION data on file, 2009, 2010. 4. In a randomized, double-masked clinical study at 10 sites with 103 patients; CIBA VISION data on file, 2007. 5. Based on the prevalence of refractive errors presenting to U.S. ODs surveyed in 1999 and calculation of residual astigmatism (of  $\leq 0.62D$ ); CIBA VISION data on file, 2009. 6. Rappon J, Bergenske P. AIR OPTIX AQUA MULTIFOCAL contact lenses in practice. *Contact Lens Spectrum*. 2010;25(3):S7-9. 7. In a survey of 221 eye care practitioners in the U.S. who fit over 2000 patients with AIR OPTIX AQUA MULTIFOCAL contact lenses; significance demonstrated at the 0.05 level; CIBA VISION data on file, 2009.

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Reference: 1. Lemp, J., Garafolo, R., Napier, L., Stein, J., Lally, J. Clinical Assessment of an Investigational Multi-Purpose Disinfecting Solution. Poster presented at: AOA, June 18, 2011; Salt Lake City, UT.

† Better than a fishbowl